

Missouri Pregnancy Risk Assessment Monitoring System (PRAMS) Surveillance Report 2016 Births



Missouri Department of Health and Senior Services

Office of Epidemiology





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Division of Community and Public Health,
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Jefferson City, Missouri

An electronic copy of this report is available through the Missouri Department of Health and Senior Services website at: <http://health.mo.gov/data/prams/index.php>

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ACKNOWLEDGMENTS

We are sincerely grateful to all of the mothers who took their time to complete the PRAMS survey making this information possible.

We acknowledge the following individuals for their contributions to the PRAMS project.

- Office of Epidemiology: Venkata Garikapaty, Becca Lander, Elizabeth McCarthy, Mary Mosley, Shirley Veit, Shirley Haller
- Vital Statistics: Craig Ward, Loise Wambuguh, Sruti Banerjee
- Health and Behavioral Risk Research Center: Jeff Noblin

Shirley Veit provided countless hours of phone searches, data entry, and coordination of the mailings, support, and keeping the program on track.

We thank Shirley Haller for her expertise in the data entry of the mail surveys.

We acknowledge and appreciate the successful efforts of the phone interviewers and staff of the Health and Behavioral Risk Research Center at the University of Missouri.

Funding for the Missouri PRAMS project is provided in part by the Centers for Disease Control and Prevention (CDC), Atlanta, GA (Grant Number 1U01DP006213).

*“My experience was awesome!
Thanks for the opportunity to let me help out”*

“My best advice is just always do what is best for your little ones! They only have us to rely on. Cherish the little moments! They grow up before you know it. Remember: Our babies are the future. It's yours and my job to lead them in the right directions in life. Follow your heart when raising your beautiful baby. Time will never rewind!!”

“I would have liked to have had at least 3 months of maternity leave, especially with breastfeeding but it was not financially possible.”

*“Thank you for caring.
It means a lot to me and my family.”*

-- PRAMS Mothers

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INTRODUCTION

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a collaborative project between the U.S. Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS is an ongoing, population-based survey designed to identify and monitor select maternal experiences, attitudes and behaviors that occur before, during and shortly after pregnancy among mothers delivering a live-born infant. The PRAMS survey provides unique information that may be combined with data from other sources, such as the birth certificate, to obtain a more complete picture of the health and well-being of Missouri infants and mothers. Findings from PRAMS are meant to be used to enhance the understanding of maternal behaviors and their relationship with adverse pregnancy outcomes. PRAMS data may be used to identify high risk groups, monitor trends in health indicators, assist in program planning and assessment, aid in policy development, monitor progress toward state and national goals, and provide information for research of emerging maternal and infant health issues.

PRAMS was initiated in 1987 as part of the CDC effort to reduce infant mortality and low birth weight. In recent years, the program has been expanded in support of CDC's Safe Motherhood Initiative to promote healthy pregnancies and the delivery of healthy infants. Currently, 47 states, New York City, Puerto Rico, the District of Columbia, and the Great Plains Tribal Chairmen's Health Board (GPTCHB) participate in PRAMS. Missouri became a CDC PRAMS state in 2006 and began data collection in 2007. States participating in PRAMS now represent approximately 83 percent of all U.S. births.

METHODOLOGY

Missouri PRAMS collects information on Missouri resident mothers who have recently given birth to a living infant. Each month, a stratified random sample of approximately 200 live births is sampled from Missouri's birth certificate file. Mothers delivering a low birth weight infant (<2,500 grams) are sampled in greater numbers than mothers of

normal weight infants to ensure that adequate information is collected on the high-risk subgroup.

The PRAMS project combines two modes of data collection in which selected mothers are mailed a PRAMS survey up to three times, and telephone interviewers attempt to reach the mothers who do not respond by mail. Of the 1,745 mothers sampled in 2016 for Missouri PRAMS, 1,059 responded for a weighted response rate of 62 percent. The survey data are weighted to adjust for the sampling design, nonresponse, and no coverage so that they are representative of Missouri mothers with a live birth in 2016.

The following data tables show the respondent frequency, the weighted number of mothers that responded to the survey question, the weighted percentage of those responding, and the Confidence Intervals (CI) for the percentages.

Further information on PRAMS methodology, including weighting procedures, may be found on the CDC website at: [CDC - Methodology - Pregnancy Risk Assessment Monitoring System - Reproductive Health](#).

HIGHLIGHTS

Findings presented below represent data from Missouri PRAMS 2016:

- Nearly one in five Missouri mothers (19.9%) reported Medicaid health coverage, and almost one in five (18.8%) had no health insurance, during the month before becoming pregnant.
- Over half of the mothers not using birth control (50.9%) reported they were trying to get pregnant.
- Over half of mothers (52.1%) did not take a multivitamin or prenatal vitamin during the month before getting pregnant.
- Two out of every seven Missouri women (28.3%) were obese prior to pregnancy, which is over 3.5% higher than the 2015 rate of 24.7%.
- Nearly one in seven mothers (14.2%) did not receive prenatal care as early as they wanted.
- Nearly 4% (3.9%) of mothers experienced physical abuse during pregnancy.
- Over one in seven mothers (15.4%) did not initiate breastfeeding, and over one out of three mothers (36.9%) who initiated breastfeeding stopped before two months.
- Over one in six mothers (17.9%) placed their infants to sleep on their side and/or stomach. Nearly one in four mothers (24.4%) reported co-sleeping with their infants.
- More than one in eight mothers (13.5%) smoked during last three months of pregnancy.
- Over one in five mothers (10.2%) used e-cigarettes in the two years prior to delivering their infant.
- Nearly one in ten mothers (9.6%) took prescription pain relievers (hydrocodone, oxycodone, Percocet, codeine) during pregnancy.
- More than 5% (5.1%) of mothers consumed alcohol during the last three months of pregnancy.
- Nearly one in seven mothers (14.0%) reported symptoms of postpartum depression.
- More than half of pregnant women (56.5%) did not receive a professional dental cleaning/exam during pregnancy, and over one fourth (25.6%) reported needing to see a dentist during pregnancy. Over one in six mothers (17.8%) reported going to a dentist for a problem.

DEMOGRAPHIC CHARACTERISTICS

MATERNAL AGE (YEARS)	SAMPLE NUMBER	WEIGHTED ESTIMATE	WEIGHTED PERCENT	STANDARD ERROR OF PERCENT
Less than 20	54	3,955	5.6	0.88
20 to 24	242	17,113	24.3	1.58
25 to 34	622	41,078	58.4	1.77
35 or more	141	8,165	11.6	1.09

MATERNAL RACE/ETHNICITY

White non-Hispanic	784	50,500	71.9	1.66
Black non-Hispanic	142	10,116	14.4	1.36
Hispanic	64	5,068	7.2	0.98
Other non-Hispanic	68	4,550	6.5	0.85

MATERNAL EDUCATION

Less than high school	103	6,845	9.8	1.14
High school	238	18,634	26.6	1.66
More than high school	715	44,600	63.6	1.78

MARITAL STATUS

Married	684	44,446	63.3	1.77
Not married	371	25,787	36.7	1.77

GEOGRAPHIC LOCATION

Rural	294	19,295	27.4	1.56
Urban	765	51,016	72.6	1.56

POVERTY LEVEL

≤ 100%	359	24,490	36.6	1.79
101% to 200%	242	16,510	24.7	1.58
201% to 300%	143	9,294	13.9	1.22
≥ 301%	262	16,621	24.8	1.49

PRECONCEPTION FACTORS



Preconception factors, such as maternal weight, health conditions, and vitamin use, can influence the pregnancy in the early weeks, before the mother knows that she is pregnant. Several of these factors are included in the PRAMS survey to understand how the mother prepared for her most recent pregnancy. For example, if a mother takes a vitamin with folic acid before she becomes pregnant, she reduces the risk of a neural tube birth defects, such as spina bifida, that can form within the first few weeks of the pregnancy, often before the mother knows that she is pregnant. The following questions pertain to the time right before a mother became pregnant.

“Tell everyone to take care of themselves the right way”

“If you have a health issue like diabetes or high blood pressure make sure it is being taken care of during pregnancy to make sure you are going to have a healthy baby. Don't ever be scared to go to the doctor when you are sick. It could help save you and your baby.”

“The only thing I would like to say is encourage moms to stay stress free.”

-- PRAMS Mothers

MATERNAL BODY MASS INDEX (BMI)

Body Mass Index (BMI) was calculated from the maternal height and pre-pregnancy weight questions, shown below:

How tall are *you* without shoes?

___ Feet ___ Inches

OR ___ Centimeters

Just before you got pregnant with your new baby, how much did you weigh?

___ Pounds **OR** ___ Kilos

MATERNAL BMI	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Underweight (≤ 18.4)	2,660	3.8	2.5	5.2
Normal (18.5-24.9)	29,578	42.8	39.3	46.2
Overweight (25.0-29.9)	17,371	25.1	22.1	28.2
Obese (≥ 30)	19,537	28.3	25.1	31.5



PREVIOUS BIRTH HISTORY

Before you got pregnant with your new baby, did you ever have any other babies who were born alive?

- ☐ No
☐ Yes

PREVIOUS LIVE BIRTHS	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	26,262	37.6	34.2	41.0
Yes	43,586	62.4	59.0	65.8

Did the baby born *just before* your new one weigh 5 pounds, 8 ounces (2.5 kilos) or *less* at birth?

- ☐ No
☐ Yes

PREVIOUS LOW BIRTH WEIGHT*	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	38,151	89.0	86.1	91.9
Yes	4,727	11.0	8.1	13.9

Was the baby *just before* your new one born *earlier* than 3 weeks before his or her due date?

- ☐ No
☐ Yes

PREVIOUS PRETERM BIRTH*	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95%CI	HIGHER 95% CI
No	39,198	90.8	88.2	93.4
Yes	3,971	9.2	6.6	11.8

* Among women who answered "Yes" to having a previous live birth.

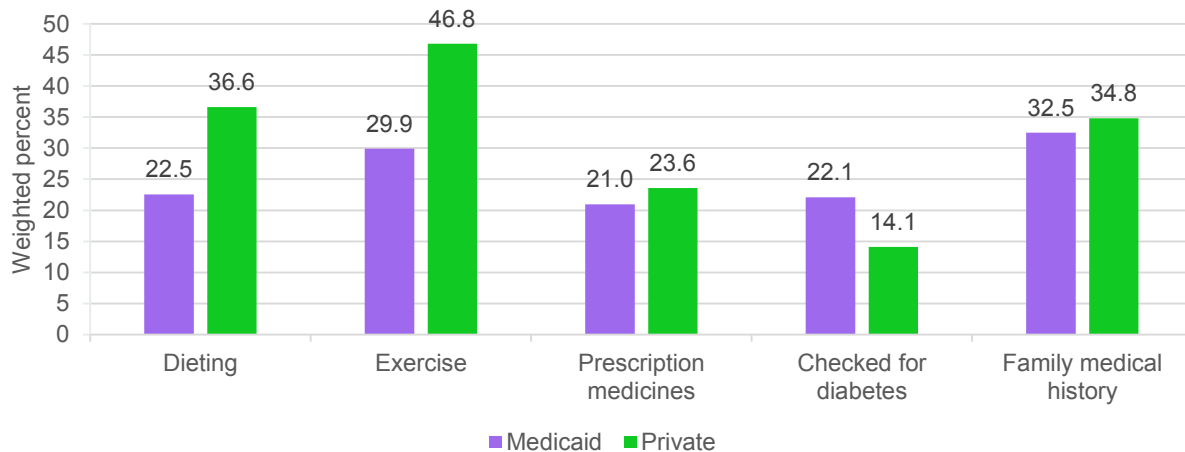
PRECONCEPTION BEHAVIORS

At any time during the 12 months before you got pregnant with your new baby, did you do any of the following things? For each item, check **No** if you did not do it or **Yes** if you did it.

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. I was dieting (changing my eating habits) to lose weight..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I was exercising 3 or more days of the week for fitness outside my regular job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I was regularly taking prescription medicines other than birth control..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A health care worker checked me for diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I talked to a health care worker about my family medical history..... | <input type="checkbox"/> | <input type="checkbox"/> |

PRECONCEPTION BEHAVIORS (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Dieting to lose weight	21,968	31.3	28.1	34.5
Exercising 3+ days	28,447	40.5	37.1	43.9
Other medicines	14,885	21.2	18.4	24.0
Checked for diabetes	10,900	15.7	13.1	18.3
Family medical history	22,284	31.8	28.6	35.1

Pre-pregnancy Behaviors by Pre-pregnancy Insurance Status, Missouri 2016



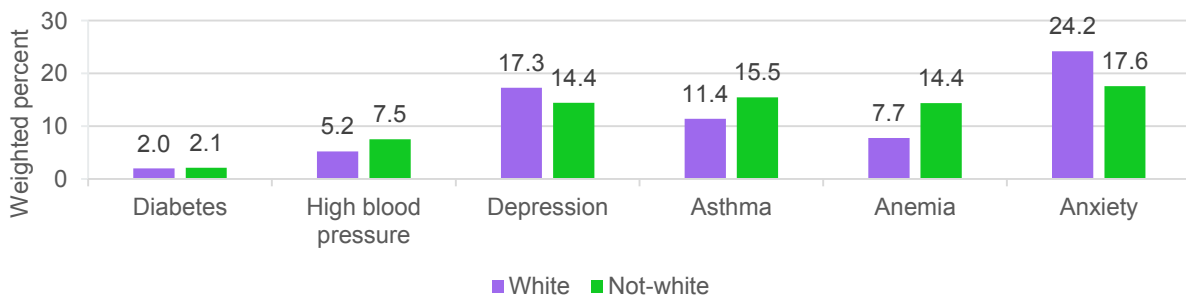
PRE-PREGNANCY HEALTH CONDITIONS

During the 3 months before you got pregnant with your new baby, did you have any of the following health conditions? For each one, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Type 1 or Type 2 diabetes (not gestational diabetes or diabetes that starts during pregnancy).....	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure or hypertension....	<input type="checkbox"/>	<input type="checkbox"/>
c. Depression.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Anemia (poor blood, low iron).....	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart problems.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Epilepsy (seizures).....	<input type="checkbox"/>	<input type="checkbox"/>
h. Thyroid problems.....	<input type="checkbox"/>	<input type="checkbox"/>
i. PCOS (polycystic ovarian syndrome)....	<input type="checkbox"/>	<input type="checkbox"/>
j. Anxiety.....	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH CONDITIONS (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Diabetes	1,407	2.0	1.1	3.0
High blood pressure	4,117	5.9	4.1	7.6
Depression	11,562	16.5	13.8	19.1
Asthma	8,794	12.5	10.2	14.9
Anemia	6,715	9.6	7.5	11.7
Heart problems	1,663	2.4	1.3	3.4
Seizure	1,447	2.1	1.2	3.0
Thyroid problems	3,493	5.0	3.5	6.4
PCOS	4,070	5.8	4.3	7.3
Anxiety	15,608	22.3	19.4	25.2

Health Conditions Prior to Pregnancy by Maternal Race, Missouri 2016



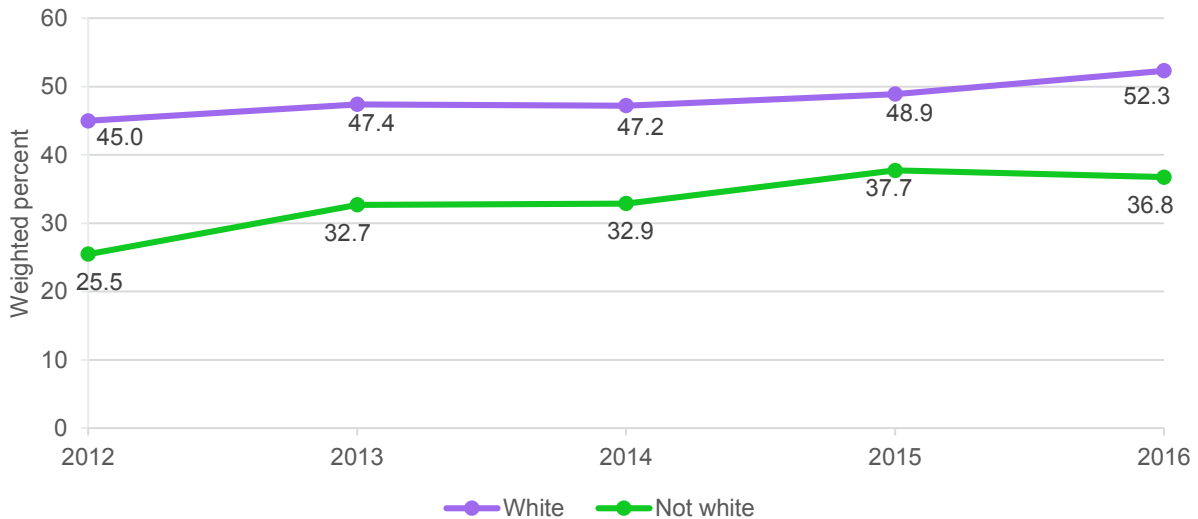
VITAMIN USE

During the *month before* you got pregnant with your new baby, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?

- ☐ I didn't take a multivitamin, prenatal vitamin or folic acid vitamin in the *month before* I got pregnant
- ☐ 1 to 3 times a week
- ☐ 4 to 6 times a week
- ☐ Every day of the week

PRENATAL VITAMIN USE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Never	36,506	52.1	48.6	55.6
1-3 times per week	5,395	7.7	5.9	9.5
4-6 times per week	4,961	7.1	5.3	8.9
Every day	23,237	33.1	29.9	36.4

Mothers who Never Took a Prenatal Vitamin by Maternal Race, Missouri
2012-2016



VITAMIN USE (CONTINUED)

Mothers who identified as not taking a multivitamin, prenatal vitamin, or a folic acid vitamin were asked an additional question regarding the reason(s) why they did not take a vitamin before becoming pregnant.

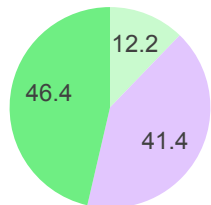
During the *month before* you got pregnant with your new baby, what were your reasons for not taking multivitamins, prenatal vitamins, or folic acid vitamins?

Check ALL that apply

- ☐ I wasn't planning to get pregnant
- ☐ I didn't think I needed to take vitamins
- ☐ I didn't want to take vitamins
- ☐ The vitamins were too expensive
- ☐ The vitamins gave me side effects (such as nausea or constipation)
- ☐ Other _____ → Please tell us: _____

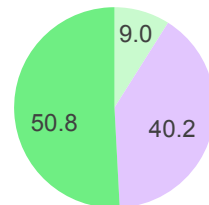
REASONS FOR NO VITAMINS (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Not planning to get pregnant	22,045	60.4	55.5	65.2
Didn't need	13,430	36.8	32.0	41.6
Didn't want	6,396	17.5	13.8	21.2
Too expensive	2,898	8.0	5.3	10.6
Side effects	3,147	8.6	5.7	11.5
Other	2,890	7.9	5.4	10.4

Mothers Who Did Not Take Prenatal Vitamins Because They Were Not Planning to Become Pregnant, Missouri 2016



■ <High school ■ High school ■ >High school

Mothers Who Did Not Take Prenatal Vitamins Because They Thought They Were Not Needed, Missouri 2016



■ <High school ■ High school ■ >High school

CONSULTATION FOR IMPROVING HEALTH

In the 12 months before you got pregnant with your new baby, did you have any health care visits with a doctor, nurse, or other health care worker, including a dental or mental health worker?

- ☐ No
☐ Yes

CONSULTED WITH HEALTH CARE WORKER	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	23,846	34.0	30.7	37.4
Yes	46,212	66.0	62.6	69.3

What type of health care visit did you have in the 12 months before you got pregnant with your new baby?

Check ALL that apply

- ☐ Regular checkup at my family doctor's office
☐ Regular checkup at my OB/GYN's office
☐ Visit for an illness or chronic condition
☐ Visit for an injury
☐ Visit for family planning or birth control
☐ Visit for depression or anxiety
☐ Visit to have my teeth cleaned by a dentist or dental hygienist
☐ Other → Please tell us:

HEALTH CARE VISIT TYPE (% YES OF ALL MOTHERS)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Family doctor	20,966	29.9	26.7	30.0
OB/GYN	30,292	43.1	39.7	46.6
Illness or chronic condition	9,926	14.1	11.7	16.5
Injury	4,090	5.8	4.2	7.5
Family planning	7,999	11.4	9.2	13.6
Depression or anxiety	5,755	8.2	6.3	10.1
Teeth cleaned	25,870	36.9	33.6	40.2
Other	5,555	7.9	6.1	9.7

CONSULTATION FOR IMPROVING HEALTH (CONTINUED)

During any of your health care visits in the 12 months before you got pregnant, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not or **Yes** if they did.

	No	Yes
a. Tell me to take a vitamin with folic acid.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk to me about maintaining a healthy weight.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk to me about controlling any medical conditions such as diabetes or high blood pressure.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to me about my desire to have or not have children.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Talk to me about using birth control to prevent pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Talk to me about how I could improve my health before a pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Talk to me about sexually transmitted infections such as chlamydia, gonorrhea, or syphilis.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Ask me if I was smoking cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Ask me if someone was hurting me emotionally or physically.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Ask me if I was feeling down or depressed.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Ask me about the kind of work I do.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Test me for HIV (the virus that causes AIDS).....	<input type="checkbox"/>	<input type="checkbox"/>

TOPICS DISCUSSED (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Take vitamin / folic acid	16,779	24.1	21.2	27.0
Maintain a healthy weight	17,620	25.3	22.3	28.3
Medical conditions	5,289	7.6	5.8	9.4
Desire for children	20,358	29.2	26.1	32.3
Using birth control	16,906	24.3	21.3	27.2
Improve health	13,020	18.8	16.1	21.5
STI's	10,439	15.0	12.4	17.5
Smoking cigarettes	33,390	48.0	44.5	51.5
Emotional / physical abuse	19,322	27.7	24.6	30.8
Down or depressed	20,284	29.0	25.9	32.2
Kind of work mom does	26,172	37.5	34.2	40.9
Test for HIV	11,344	16.3	13.7	18.9

PREGNANCY INTENTION

Thinking back to *just before* you got pregnant with your new baby, how did you feel about becoming pregnant?

Check ONE answer

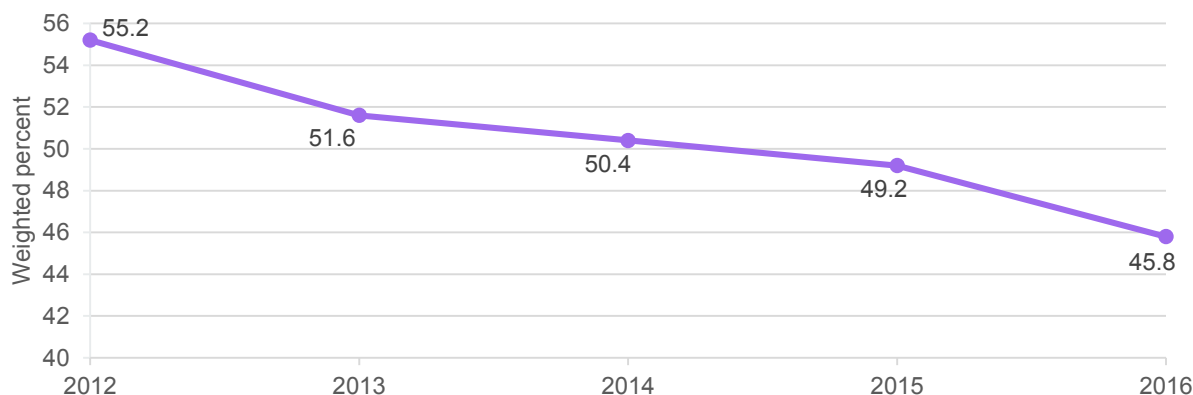
- ☐ I wanted to be pregnant later
- ☐ I wanted to be pregnant sooner
- ☐ I wanted to be pregnant then
- ☐ I didn't want to be pregnant then or at any time in the future
- ☐ I wasn't sure what I wanted

FEELINGS ON PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Wanted later	12,504	18.2	15.4	21.0
Wanted sooner	9,460	13.8	11.4	16.1
Wanted then	27,820	40.5	37.0	43.9
Wanted never	6,494	9.4	7.2	11.7
Unsure	12,464	18.1	15.4	20.9

This question was analyzed to understand pregnancy intention. An intended pregnancy is defined as a mother response of “Wanted sooner” or “Wanted then”.

INTENDEDNESS INDICATOR	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	31,462	45.8	42.2	49.3
Yes	37,280	54.2	50.7	57.8

Unintended Pregnancies, Missouri 2012-2016



PRE-PREGNANCY CONTRACEPTION

When you got pregnant with your new baby, were you trying to get pregnant?

- ☐ No
☐ Yes

TRYING TO GET PREGNANT	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	34,205	49.1	45.6	52.6
Yes	35,450	50.9	47.4	54.4

To get a better understanding of pre-pregnancy contraception use, an additional question was asked to mothers who identified as not trying to get pregnant.

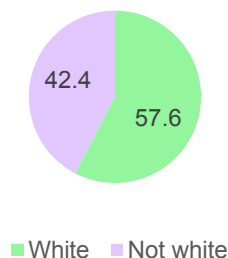
When you got pregnant with your new baby, were you or your husband or partner doing anything to keep from getting pregnant?

Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ☐ No
☐ Yes

USED BIRTH CONTROL	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	20,904	61.0	55.9	66.1
Yes	13,369	39.0	33.9	44.1

Weighted Percent of Mothers Not Using Birth Control and Not Trying to Get Pregnancy by Maternal Race, Missouri 2016



PRE-PREGNANCY CONTRACEPTION (CONTINUED)

To further examine pre-pregnancy contraception use, mothers who identified as not trying to become pregnant *and* not using contraceptive methods were asked an additional question.

What were your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant?

Check ALL that apply

- ☐ I didn't mind if I got pregnant
- ☐ I thought I could not get pregnant at that time
- ☐ I had side effects from the birth control method I was using
- ☐ I had problems getting birth control when I needed it
- ☐ I thought my husband or partner or I was sterile (could not get pregnant at all)
- ☐ My husband or partner didn't want to use anything
- ☐ I forgot to use a birth control method
- ☐ Other → Please tell us:

REASONS FOR NOT USING BIRTH CONTROL (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Didn't mind getting pregnant	10,578	49.6	43.1	56.1
Thought could not get	5,456	25.6	19.9	31.2
Side effects of birth control	2,092	9.8	6.0	13.6
Problems getting birth control	1,499	7.0	3.7	10.4
Thought sterile	2,321	10.9	6.7	15.1
Partner didn't want	4,268	20.0	14.7	25.3
Forgot	2,252	10.6	6.2	14.9
Other	2,215	10.4	6.6	14.2



FERTILITY TREATMENT

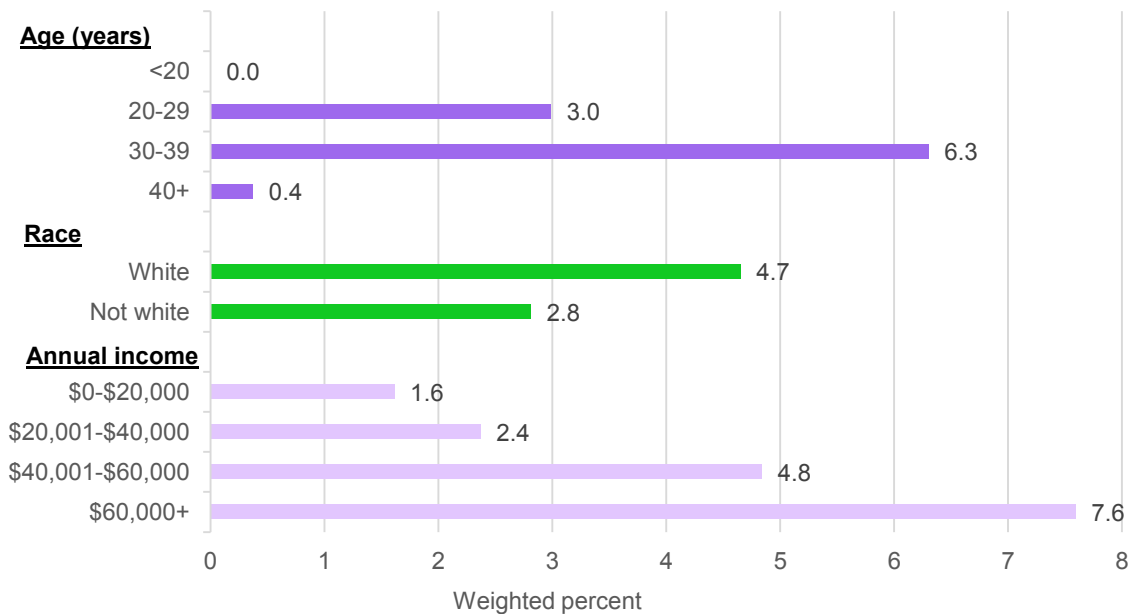
Mothers who identified as trying to get pregnant were asked if they received any fertility treatment.

Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with your *new* baby? This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.

☐ No
☐ Yes

USED FERTILITY TREATMENT	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	31,956	91.8	89.4	94.2
Yes	2,854	8.2	5.8	10.6

Demographics of Mothers who Received Fertility Treatment, Missouri 2016



FERTILITY TREATMENT (CONTINUED)

Mothers who responded that they had received fertility treatment were then asked about what types of treatment they received within the month before becoming pregnant. These rates are for all the mothers that said they received fertility treatments.

Did you use any of the following fertility treatments *during the month you got pregnant with your new baby?*

Check ALL that apply

☐ Fertility-enhancing drugs prescribed by a doctor (fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation)

☐ Artificial insemination or intrauterine insemination (treatments in which sperm, but NOT eggs, were collected and medically placed into a woman's body)

☐ Assisted reproductive technology (treatments in which BOTH a woman's egg and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer)

☐ Other medical treatment → Please tell us: _____

☐ I wasn't using fertility treatments *during the month* that I got pregnant with my new baby

FERTILITY TREATMENT TYPE (%YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Fertility drugs	1,606	42.5	28.8	56.2
Insemination	284	7.3	0.5	14.1
Assisted reproductive tech.	598	15.4	6.1	24.7
Other	542	14.0	4.7	23.2
Wasn't using that month	318	8.4	0.6	16.2

INCOME CATEGORIES

During the 12 months before your new baby was born, what was your yearly total household income before taxes? Include your income, you husband's or partner's income, and any other income that you may have received. *All information will be kept private and will not affect any services you are now getting.*

- ☐ \$0 to \$16,000
- ☐ \$16,001 to \$20,000
- ☐ \$20,001 to \$24,000
- ☐ \$24,001 to \$28,000
- ☐ \$28,001 to \$32,000
- ☐ \$32,001 to \$40,000
- ☐ \$40,001 to \$48,000
- ☐ \$48,001 to \$57,000
- ☐ \$57,001 to \$60,000
- ☐ \$60,001 to \$73,000
- ☐ \$73,001 to \$85,000
- ☐ \$85,001 or more

INCOME	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
\$16,000 or less	15,314	22.6	19.5	25.7
\$16,001 - \$20,000	6,486	9.6	7.4	11.8
\$20,001 - \$24,000	3,893	5.7	4.1	7.4
\$24,001 - \$28,000	3,057	4.5	2.9	6.1
\$28,001 - \$32,000	4,132	6.1	4.3	7.8
\$32,001 - \$40,000	4,527	6.7	5.0	8.4
\$40,001 - \$48,000	4,007	5.9	4.3	7.6
\$48,001 - \$57,000	3,822	5.6	4.0	7.3
\$57,001 - \$60,000	2,068	3.0	1.9	4.2
\$60,001 - \$73,000	4,446	6.6	4.9	8.2
\$73,001 - \$85,000	3,406	5.0	3.6	6.4
\$85,001 or more	12,651	18.7	16.0	21.3

HOUSEHOLD SIZE

During the *12 months before* your new baby was born, how many people, *including yourself*, depended on this income?

____ People

HOUSEHOLD SIZE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Only mother	4,369	6.4	4.7	8.1
Two	23,261	33.9	30.5	37.2
Three	20,175	29.4	26.2	32.5
Four	11,851	17.2	14.5	20.0
Five	5,860	8.5	6.5	10.5
Six or more	3,194	4.6	3.2	6.1

PRENATAL FACTORS



Prenatal factors, such as when prenatal care was initiated, health care topics discussed during a mother's prenatal care visit, and whether a mother felt safe during her pregnancy, can all impact how the mother prepares for her upcoming birth. Prenatal care visits with a health care worker can not only keep the mother informed of her pregnancy's progress, but also help the mother prepare for her new baby. Gestational hypertension, or high blood pressure during pregnancy, can impact the baby's development and can cause medical trouble for the mother. Questions about several common prenatal risk factors and experiences are included in the PRAMS survey.

“Pregnancy was easy even with gestational diabetes & pre-eclampsia. I received good care.”

“Well being pregnant isn’t always in someone’s plans. But if you’re not careful it will happen. You will go through ups and downs during that time, and it’s hard but once you have that beautiful healthy baby it’s so worth it. So be safe and do the right thing, when you find out you’re having a baby do the right thing. Go see a doctor and follow all of the rules.”

“Prenatal care with a midwife and birth at home were wonderful experiences! My midwife took a full hour to care for and talk with me about questions and concerns at each prenatal visit. Birthing at home was peaceful and enabled me to relax. Recovery at home was delightful and restful compared to my hospital stays with 3 previous births. I would highly recommend homebirth with a midwife to others with low-risk pregnancies.”

“My baby tested positive for cystic fibrosis in her newborn test, later to find out she was just a carrier. I think testing should be a requirement during pregnancy to test for genetic defects, diseases, and other health related issues.”

-- PRAMS Mothers

PRENATAL CARE INITIATION

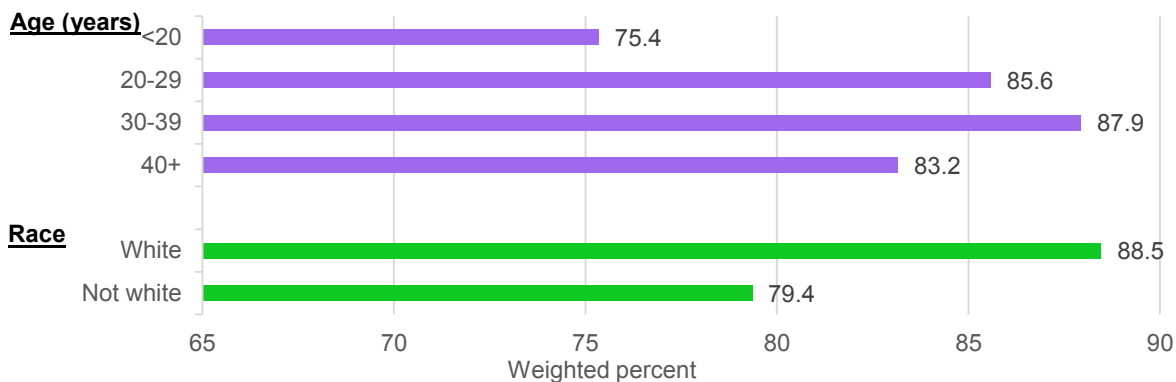
How many weeks *or* months pregnant were you when you had your first visit for prenatal care?

___ Weeks **OR** ___ Months

☐ I didn't go for prenatal care

INITIATED CARE IN 1 ST TRIMESTER	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	8,930	12.9	10.4	15.5
Yes	59,349	85.8	83.2	88.5
No prenatal care	864	1.2	0.3	2.1

Prenatal Care Beginning in the 1st Trimester by Maternal Characteristics, Missouri 2016



Mothers that identified as receiving prenatal care were asked the following question.

Did you get prenatal care as early in your pregnancy as you wanted?

☐ No

☐ Yes

RECEIVED PRENATAL CARE AS EARLY AS WANTED	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	9,794	14.2	11.6	16.7
Yes	59,391	85.8	83.3	88.4

PRENATAL CARE INITIATION (CONTINUED)

To further understand why mothers did not receive prenatal care, an additional question was asked of mothers who identified that they did not receive prenatal care *or* that they had not received their prenatal care as early as they wanted.

Did any of these things keep you from getting prenatal care when you wanted it? For each item, check **No** if it did not keep you from getting prenatal care or **Yes** if it did.

	No	Yes
a. I couldn't get an appointment when I wanted one.....	<input type="checkbox"/>	<input type="checkbox"/>
b. I didn't have enough money or insurance to pay for my visits.....	<input type="checkbox"/>	<input type="checkbox"/>
c. I didn't have any transportation to get to the clinic or doctor's office.....	<input type="checkbox"/>	<input type="checkbox"/>
d. The doctor or my health plan would not start care as early as I wanted.....	<input type="checkbox"/>	<input type="checkbox"/>
e. I had too many other things going on...	<input type="checkbox"/>	<input type="checkbox"/>
f. I couldn't take off from work or school.....	<input type="checkbox"/>	<input type="checkbox"/>
g. I didn't have my Medicaid (MO HealthNet) card.....	<input type="checkbox"/>	<input type="checkbox"/>
h. I didn't have anyone to take care of my children.....	<input type="checkbox"/>	<input type="checkbox"/>
i. I didn't know I was pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>
j. I didn't want anyone else to know I was pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>
k. I didn't want prenatal care.....	<input type="checkbox"/>	<input type="checkbox"/>

REASONS FOR NOT INITIATING EARLY (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Couldn't get appointment	4,158	43.5	33.6	53.5
Not enough money	2,444	26.8	17.5	36.1
No transportation	1,154	12.7	5.7	19.6
Couldn't start earlier	2,078	22.9	14.7	31.0
Too busy	1,719	19.4	10.8	28.0
No time off work	998	11.3	4.0	18.5
No Medicaid card	2,177	24.2	15.0	33.3
No child care	780	8.8	2.4	15.2
Didn't know was pregnant	3,947	41.9	31.8	52.1
Didn't want to disclose	641	7.4	1.7	13.2
Didn't want prenatal care	34	0.4	0.0	0.9

PRENATAL CARE TOPICS DISCUSSED

For mothers that received prenatal care, the following question was asked.

During any of your prenatal care visits, did a doctor, nurse, or other health care worker ask you any of the things listed below? For each item, check **No** if they did not ask you about it or **Yes** if they did.

	No	Yes
a. If I knew how much weight I should gain during pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
b. If I was taking any prescription medication.....	<input type="checkbox"/>	<input type="checkbox"/>
c. If I was smoking cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>
d. If I was drinking alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>
e. If someone was hurting me emotionally or physically.....	<input type="checkbox"/>	<input type="checkbox"/>
f. If I was feeling down or depressed.....	<input type="checkbox"/>	<input type="checkbox"/>
g. If I was using drugs such as marijuana, cocaine, crack, or meth.....	<input type="checkbox"/>	<input type="checkbox"/>
h. If I wanted to be tested for HIV (the virus that causes AIDS).....	<input type="checkbox"/>	<input type="checkbox"/>
i. If I planned to breastfeed my new baby.....	<input type="checkbox"/>	<input type="checkbox"/>
j. If I planned to use birth control after my baby was born.....	<input type="checkbox"/>	<input type="checkbox"/>

TOPICS DISCUSSED (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Weight gain	41,266	60.8	57.3	64.2
Prescription medication	66,093	96.3	94.9	97.6
Smoking cigarettes	66,022	96.2	94.8	97.5
Drinking alcohol	65,426	95.4	94.0	96.9
Emotional / physical abuse	46,446	67.7	64.4	71.0
Down or depressed	49,718	72.5	69.4	75.6
Drug use	55,451	81.1	78.3	83.8
Wanted HIV testing	38,129	56.2	52.7	59.7
Plan to breastfeed	62,884	92.0	90.1	94.0
Plan for birth control after birth	55,012	80.6	77.8	83.4

RECEIVED VACCINATIONS

During the 12 months *before the delivery* of your new baby, did a doctor, nurse, or other health care worker *offer* you a flu shot or *tell* you to get one?

- ☐ No
☐ Yes

OFFERED OR TOLD TO GET FLU SHOT	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	11,512	16.5	13.8	19.2
Yes	58,222	83.5	80.8	86.2

During the 12 months *before the delivery* of your new baby, did you *get* a flu shot?

Check ONE answer

- ☐ No
☐ Yes, before my pregnancy
☐ Yes, during my pregnancy

RECEIVED FLU SHOT	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	30,533	43.7	40.2	47.2
Yes, before pregnancy	7,330	10.5	8.4	12.6
Yes, during pregnancy	31,979	45.8	42.3	49.3

During *your most recent* pregnancy, did you get a Tdap shot or vaccination? A Tdap vaccination is a tetanus booster shot that also protects against pertussis (whooping cough).

- ☐ No
☐ Yes
☐ I don't know

RECEIVED TDAP SHOT	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	17,807	25.4	22.3	28.4
Yes	48,863	69.7	66.5	72.9
Don't know	3,459	4.9	3.4	6.4

PREVENTIVE DENTAL CARE

During *your most recent pregnancy*, did you have your teeth cleaned by a dentist or dental hygienist?

- ☐ No
☐ Yes

TEETH CLEANED DURING PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	39,684	56.5	53.1	60.0
Yes	30,503	43.5	40.0	46.9

This question is about other care of your teeth *during your most recent pregnancy*. For each item, check **No** if it is not true or does not apply to you or **Yes** if it is true.

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I knew it was important to care for my teeth and gums during my pregnancy... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A dental or other health care worker talked to me about how to care for my teeth and gums..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I had insurance to cover dental care during my pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I <u>needed</u> to see a dentist for a problem | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I <u>went</u> to a dentist or dental clinic about a problem | <input type="checkbox"/> | <input type="checkbox"/> |

TEETH CARE DURING PREGNANCY (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Importance of dental care	61,574	87.9	85.5	90.3
Talked about dental care	34,182	49.1	45.6	52.6
Had insurance	54,872	79.2	76.3	82.0
Needed care for a problem	17,644	25.6	22.5	28.8
Went to care for a problem	12,245	17.8	15.0	20.5

PREVENTIVE DENTAL CARE (CONTINUED)

Did any of the following things make it hard for you to go to a dentist or dental clinic during *your most recent pregnancy*? For each item, check **No if it was not something that made it hard for you or **Yes** if it was.**

- | | No | Yes |
|---|--------------------------|--------------------------|
| a. I could not find a dentist or dental clinic that would take pregnant patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I could not find a dentist or dental clinic that would take Medicaid patients..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I did not think it was safe to go to the dentist during pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I could not afford to go to the dentist or dental clinic..... | <input type="checkbox"/> | <input type="checkbox"/> |

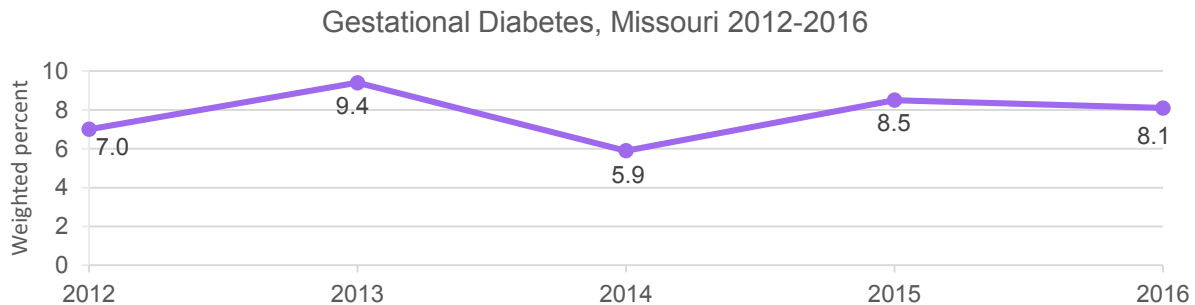
REASONS FOR NO DENTAL CARE (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Couldn't find while pregnant	4,653	6.7	4.9	8.5
Could not find with Medicaid	7,131	10.4	8.1	12.6
Didn't think safe	8,318	12.1	9.6	14.5
Could not afford	10,963	16.0	13.4	18.7

PRENATAL HEALTH CONDITIONS

During *your most recent* pregnancy, did you have any of the following health conditions?
For each item, check **No** if you did not have the condition or **Yes** if you did.

	No	Yes
a. Gestational diabetes (diabetes that started during <i>this</i> pregnancy).....	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure (that started during <i>this</i> pregnancy), pre-eclampsia or eclampsia.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Depression.....	<input type="checkbox"/>	<input type="checkbox"/>

PRENATAL HEALTH CONDITION (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Gestational diabetes	5,673	8.1	6.2	10.0
High blood pressure	9,348	13.4	11.0	15.8
Depression	11,393	16.4	13.7	19.1



Mothers who identified as having depression during their pregnancy were asked a follow up question regarding prescription medication for depression.

At any time during *your most recent* pregnancy, did you take prescription medicine for your depression?

☐ No
☐ Yes

PRESCRIPTION DEPRESSION MEDICINE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	7,284	63.1	54.2	71.9
Yes	4,263	36.9	28.1	45.8

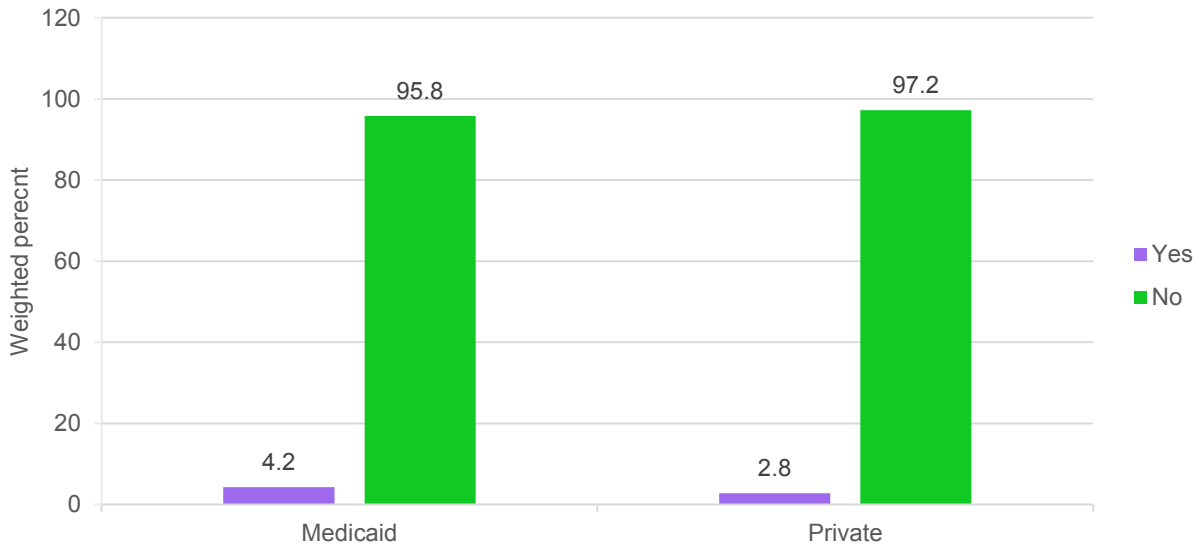
PROGESTERONE INJECTIONS

During *your most recent* pregnancy, did a doctor, nurse, or other health care worker give you a series of weekly shots of a medicine called progesterone, Makena®, or 17P (17 alpha-hydroxyprogesterone) to try to keep your new baby from being born too early?

- ☐ No
☐ Yes

GIVEN 17P SHOTS	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	64,537	96.7	95.5	97.8
Yes	2,226	3.3	2.2	4.5

Progesterone Shots Given During Pregnancy by Delivery Insurance, Missouri 2016



STRESSFUL LIFE EVENTS

This question is about things that may have happened during the 12 months before your new baby was born? For each item, check **No** if it did not happen to you or **Yes** if it did. (It may help to look at the calendar when you answer these questions.)

- | | No | Yes |
|--|--------------------------|--------------------------|
| a. A close family member was very sick and had to go to into the hospital..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I got separated or divorced from my husband or partner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I moved to a new address..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I was homeless or had to sleep outside, in a car, or in a shelter..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. My husband or partner lost their job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I lost my job even though I wanted to go on working..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | No | Yes |
|---|--------------------------|--------------------------|
| g. My husband, partner, or I had a cut in work hours or pay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I was apart from my husband or partner due to military deployment or extended work-related travel..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I argued with my husband or partner more than usual..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My husband or partner said they didn't want me to be pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I had problems paying the rent, mortgage, or other bills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. My husband, partner, or I went to jail.... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Someone very close to me had a problem with drinking or drugs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Someone very close to me died..... | <input type="checkbox"/> | <input type="checkbox"/> |

STRESSFUL EVENTS (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Family member sick	18,234	26.1	23.0	29.1
Separated / divorced	3,723	5.3	3.7	6.9
Moved to new address	26,429	37.9	34.4	41.3
Homeless	2,192	3.1	1.8	4.4
Partner lost job	8,290	11.9	9.5	14.2
Mom lost job	7,378	10.5	8.3	12.8
Cut in hours or pay	12,838	18.4	15.6	21.2
Apart from partner	3,779	5.4	3.9	6.9
Argued with partner more	15,983	22.8	19.8	25.8
Partner didn't want pregnancy	3,951	5.6	4.0	7.3
Problems paying bills	13,791	19.7	16.9	22.6
Partner or mom went to jail	2,005	2.9	1.6	4.1
Someone with alcohol / drugs	7,435	10.6	8.4	12.8
Someone close died	13,601	19.4	16.6	22.2

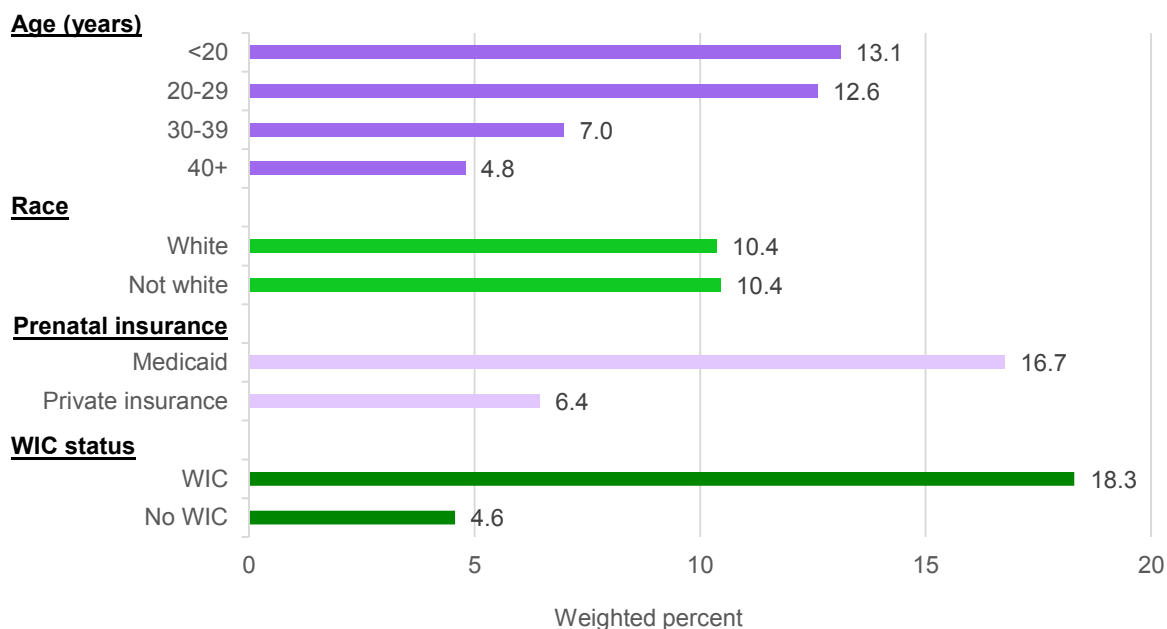
FOOD INSECURITY

During the *12 months before* your new baby was born, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ No
☐ Yes

FOOD INSECURITY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	62,081	89.6	87.4	91.8
Yes	7,187	10.4	8.2	12.6

Food Insecurity by Maternal Demographics, Missouri 2016



NEIGHBORHOOD SAFETY

During the *12 months before your new baby was born*, how often did you feel unsafe in the neighborhood where you lived?

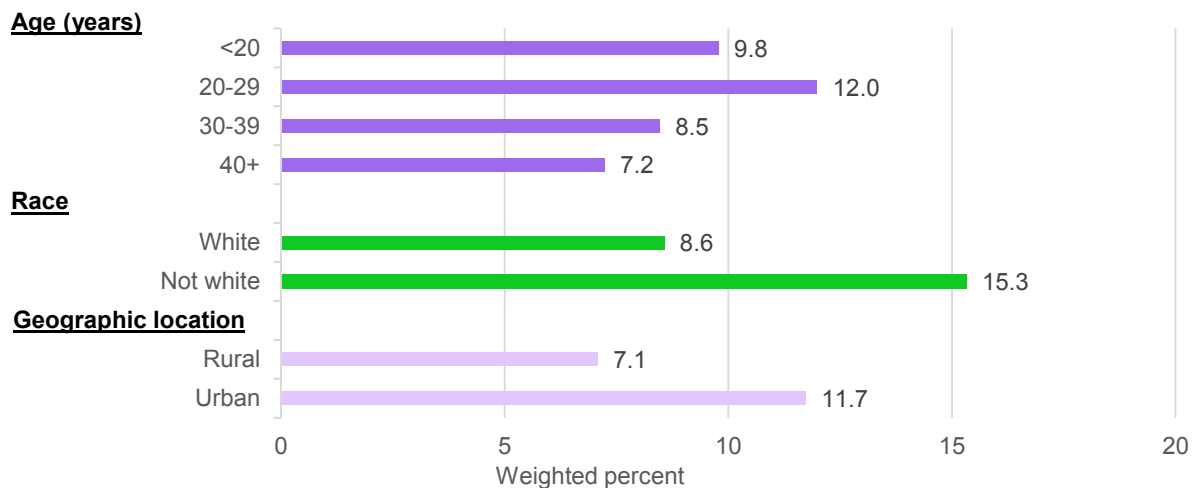
- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

FELT UNSAFE IN NEIGHBORHOOD	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Always	573	0.8	0.1	1.5
Often	1,653	2.4	1.2	3.5
Sometimes	5,099	7.3	5.4	9.1
Rarely	11,191	16.0	13.4	18.6
Never	51,578	73.6	70.5	76.7

This question was analyzed to understand perceptions of neighborhood safety. Feeling unsafe is defined as a mother response of “Always”, “Often”, or “Sometimes”.

FEELING UNSAFE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	62,769	89.6	87.3	91.8
Yes	7,324	10.4	8.2	12.7

Feeling Unsafe by Maternal Demographics, Missouri 2016



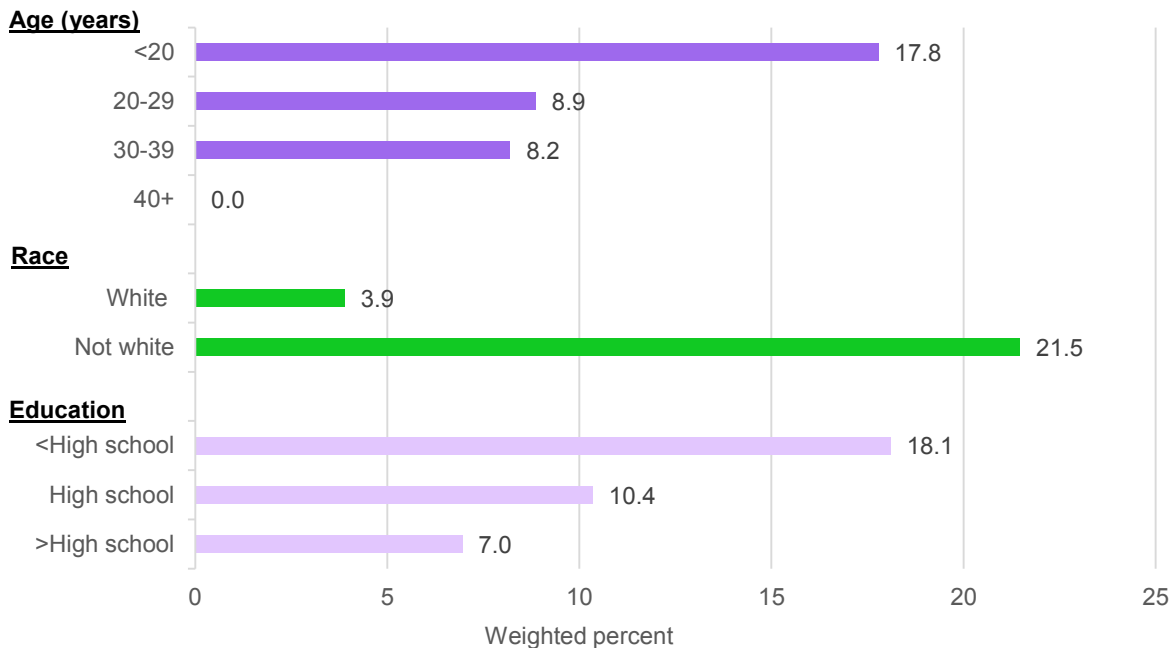
RACIAL BIAS

During the *12 months before* your new baby was born, did you feel emotionally upset (for example, angry, sad, or frustrated) as a result of how you were treated *based on your race*?

- ☐ No
☐ Yes

FELT EMOTIONALLY UPSET DUE TO RACIAL BIAS	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	63,826	91.1	89.0	93.2
Yes	6,254	8.9	6.8	11.0

Racial Bias by Maternal Demographics, Missouri 2016



HEALTH CARE COVERAGE, WIC, & EMPLOYMENT



Health care coverage plays an important role in a mother's pregnancy, since it can determine the level of care the mother can receive or afford. WIC, or the Special Supplemental Nutrition Program for Women, Infants, and Children, is a public service that offers education and supplemental foods for financially-eligible Missourians. Furthermore, a mother's employment status can also impact how she prepares for her delivery and the postpartum period after delivery of her new baby. The PRAMS survey includes questions about health insurance status throughout the pregnancy as well as the type of maternity leave the mother took from her employment and receipt of state benefits such as WIC.

"I am so thankful for the WIC program. I had to stop nursing suddenly due to emergency hospital stay and they are now formula-fed. I honestly don't think I'd be able to afford it without the WIC program."

"MO needs to pass a maternity leave law. Mommies need to be able to support & bond w/their babies for at least a few months after birth."

"I am very impressed with healthcare in Missouri. Was very well taken care of."

"Paid maternity is not required and I feel the stress of financial struggles played a role in the complications of my pregnancy. I had to work even though I was told not to, so I could pay bills and keep gaining paid time off so I would have something (pay) while on maternity leave. I feel maternity leave is a big concern in Missouri and the U.S. all together [sic]."

-- PRAMS Mothers

PRE-PREGNANCY INSURANCE

During the *month before* you got pregnant with your new baby, what kind of health insurance did you have?

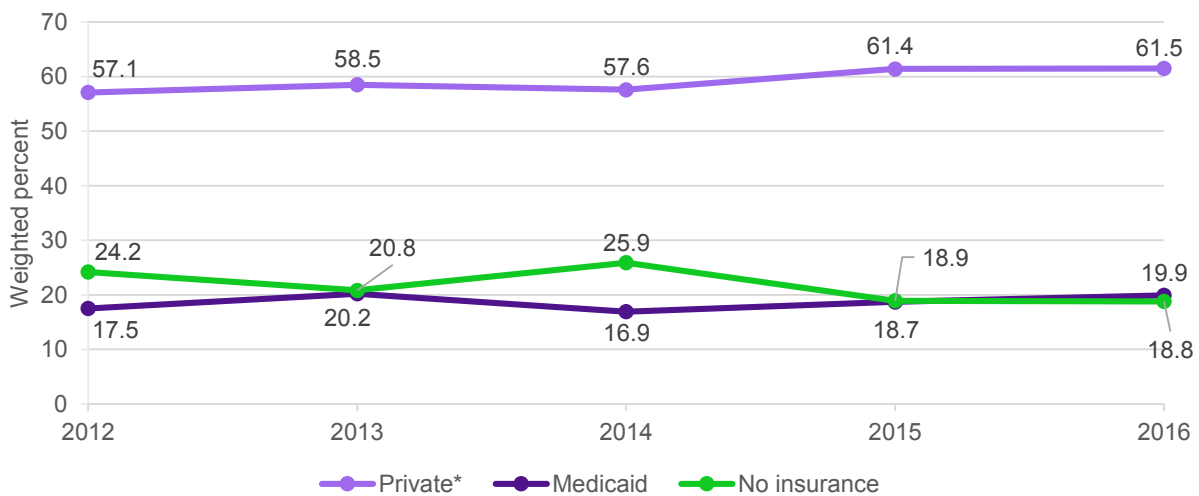
Check ALL that apply

- ☐ Private health insurance from my job or the job of my husband or partner
- ☐ Private health insurance from my parents
- ☐ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid (MO HealthNet)
- ☐ TRICARE or other military health care
- ☐ Other health insurance → Please tell us: _____

- ☐ I did not have any health insurance during the *month before* I got pregnant

PRE-PREGNANCY INSURANCE SOURCE (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Private from job	33,802	48.1	44.6	51.5
Private from parents	5,771	8.2	6.3	10.2
Private from HealthCare.gov	3,660	5.2	3.7	6.7
Medicaid	14,005	19.9	17.0	22.9
TRICARE	1,497	2.1	1.2	3.1
Other	2,317	3.3	2.1	4.5
No health insurance	13,185	18.8	15.9	21.6

Pre-pregnancy Insurance, Missouri 2012-2016



*Private insurance includes Private from job, Private from parents, Private from HealthCare.gov or company, and TRICARE

PRENATAL / DELIVERY INSURANCE

During your *most recent pregnancy*, what kind of health insurance did you have for your *prenatal care*?

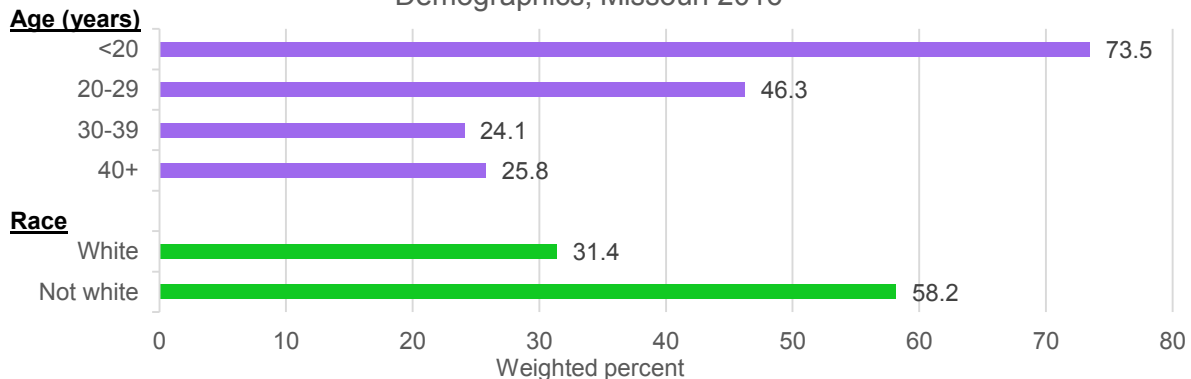
Check ALL that apply

- ☐ I did not go for prenatal care
- ☐ Private health insurance from my job or the job of my husband or partner
- ☐ Private health insurance from my parents
- ☐ Private health insurance from the Health Insurance Marketplace or HealthCare.gov
- ☐ Medicaid (MO HealthNet)
- ☐ TRICARE or other military health care
- ☐ Other health insurance → Please tell us: _____

- ☐ I did not have any health insurance for my *prenatal care*

SOURCE OF PRENATAL / DELIVERY INSURANCE (%YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No prenatal care	1,060	1.5	0.6	2.4
Private from job	32,388	46.8	43.3	50.2
Private from parents	3,979	5.7	4.1	7.4
Private from HealthCare.gov	3,014	4.4	2.9	5.8
Medicaid	32,231	46.5	43.0	50.1
TRICARE	1,476	2.1	1.2	3.1
Other	1,767	2.6	1.5	3.6
No health insurance	1,819	2.6	1.5	3.8

Medicaid Insurance for Prenatal Care / Delivery by Maternal Demographics, Missouri 2016



POSTPARTUM INSURANCE

What kind of health insurance do you have *now*?

Check ALL that apply

☐ Private health insurance from my job or the job of my husband or partner

☐ Private health insurance from my parents

☐ Private health insurance from the Health Insurance Marketplace or HealthCare.gov

☐ Medicaid (MO HealthNet)

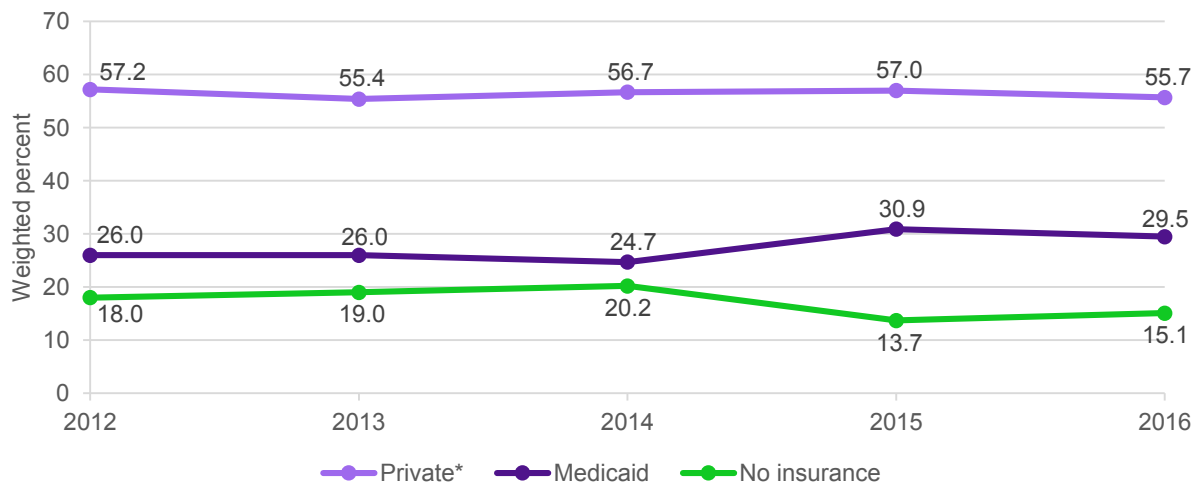
☐ TRICARE or other military health care

☐ Other health insurance → Please tell us: _____

☐ I did not have any health insurance *now*

SOURCE OF POSTPARTUM INSURANCE (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Private from job	31,855	45.4	41.9	48.8
Private from parents	3,923	5.6	4.0	7.2
Private from HealthCare.gov	1,768	2.5	1.5	3.6
Medicaid	20,695	29.5	26.2	32.7
TRICARE	1,570	2.2	1.3	3.2
Other	2,418	3.4	2.2	4.7
No Health insurance	10,614	15.1	12.4	17.8

Postpartum Insurance Status, Missouri 2012-2016



*Private insurance includes Private from job, Private from parents, Private from HealthCare.gov or company, and TRICARE

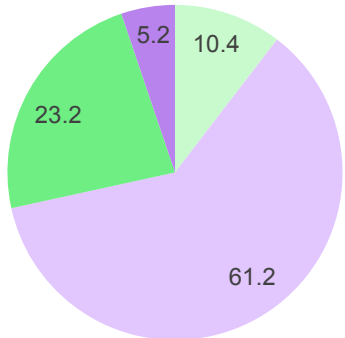
WIC PARTICIPATION

During *your most recent* pregnancy, were you on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children)?

- ☐ No
☐ Yes

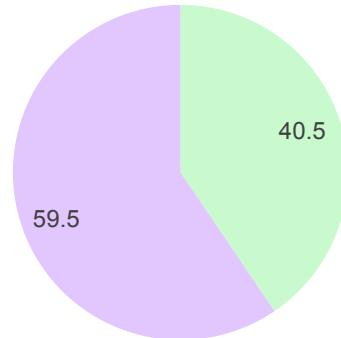
WIC PARTICIPATION	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	40,073	57.7	54.2	61.2
Yes	29,373	42.3	38.8	45.8

WIC Participation by Maternal Age,
Missouri 2016



■ <20 ■ 20-29 ■ 30-39 ■ 40+

WIC Participation by Maternal Race,
Missouri 2016



■ White ■ Not white

MATERNAL EMPLOYMENT

At any time during *your most recent* pregnancy, did you work at a job for pay?

- ☐ No
☐ Yes

WORKED FOR PAY DURING PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	19,080	27.4	24.2	30.5
Yes	50,682	72.6	69.5	75.8

To get a better understanding of current maternal employment, additional questions are asked to mothers who reported that they were employed during their most recent pregnancy.

Have you returned to the job you had during *your most recent* pregnancy?

Check ONE answer

- ☐ No, and I do not plan to return
☐ No, but I will be returning
☐ Yes

RETURNED TO WORK	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No, no plan to return	12,158	24.0	20.4	27.6
No, plan to return	5,580	11.0	8.5	13.5
Yes	32,858	64.9	61.0	68.9

MATERNITY LEAVE

All of the maternity leave questions were asked only to mothers who indicated that they were employed at some point during their most recent pregnancy.

Did you take leave from work *after* your new baby was born?

Check ALL that apply

☐ I took *paid* leave from my job

☐ I took *unpaid* leave from my job

☐ I took Family Medical Leave (paid or unpaid)

☐ I did not take any leave

TYPE OF MATERNITY LEAVE TAKEN (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Paid leave	12,518	32.3	28.1	36.6
Unpaid leave	19,527	50.4	45.8	55.0
Family Medical Leave	15,352	39.7	35.3	44.2
No leave	2,024	5.2	3.2	7.3

How many weeks *or* months of leave, in total, did you take or will you take?

___ Weeks **OR** ___ Months

☐ Less than 1 week

WEEKS OF MATERNITY LEAVE TAKEN	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
None	2,024	5.2	3.2	7.3
Less than 1 week	17	0.0	0.0	0.1
1 to 6 weeks	11,035	28.5	24.3	32.7
7 to 12 weeks	20,961	54.2	49.6	58.8
13 weeks or more	4,652	12.0	9.0	15.0

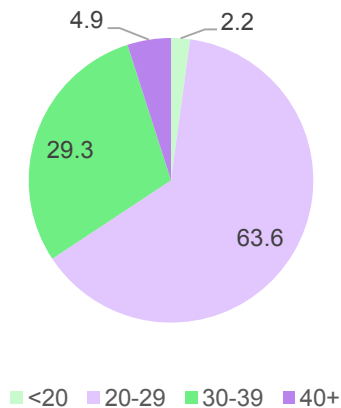
MATERNITY LEAVE (CONTINUED)

Did any of the things listed below affect your decision about taking leave for work *after* your new baby was born? For each item, check **No** if it does not apply to you or **Yes** if it does.

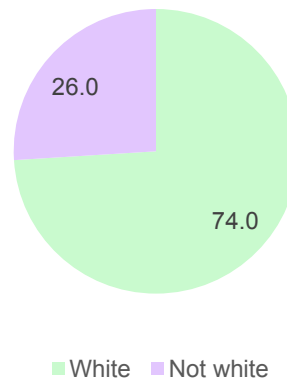
	No	Yes
a. I could not financially afford to take leave.....	<input type="checkbox"/>	<input type="checkbox"/>
b. I was afraid I'd lose my job if I took leave or stayed out longer.....	<input type="checkbox"/>	<input type="checkbox"/>
c. I had too much work to do to take leave or stay out longer.....	<input type="checkbox"/>	<input type="checkbox"/>
d. My job does not have paid leave.....	<input type="checkbox"/>	<input type="checkbox"/>
e. My job does not offer a flexible work schedule.....	<input type="checkbox"/>	<input type="checkbox"/>
f. I had not built up enough leave time to take any more time off.....	<input type="checkbox"/>	<input type="checkbox"/>

REASONS FOR LEAVE DECISION (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Could not afford	12,678	33.7	29.3	38.1
Afraid to lose job	5,812	15.5	12.2	18.9
Too much work	4,793	13.0	9.8	16.0
No paid leave	15,660	41.9	37.3	46.5
No flexible schedule	6,442	17.3	13.8	20.8
Not enough leave time	9,262	24.8	20.8	28.8

Could Not Afford to Take Maternity Leave by Maternal Age, Missouri 2016



Could Not Afford to Take Maternity Leave by Maternal Race, Missouri 2016



SELECTED RISK FACTORS



Nicotine, alcohol, or drug use during pregnancy can affect not only the mother's health, but that of her growing baby. The American Academy of Pediatrics recommends that a pregnant woman avoid nicotine, alcohol, and all illicit drugs, as well as several prescribed medications, since they may cause health problems for the new baby, some of which are not immediately visible at birth. Missouri PRAMS asks questions about selected risk factors and maternal behaviors before, during, and shortly after pregnancy.

“Be careful of what you put in your body.”

“I strongly believe that any mother who chooses to smoke cigarettes or use any kind of nicotine during pregnancy should be prosecuted. They are endangering an unborn child's well-being and it is wrong!”

“I found good recovery places some were ok and with opioid addiction more places are needed for pregnant mothers”

-- PRAMS Mothers

TOBACCO USE

Have you smoked any cigarettes in the *past 2 years*?

- ☐ No
- ☐ Yes

SMOKED IN LAST 2 YEARS	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	49,399	70.8	67.5	74.0
Yes	20,410	29.2	26.0	32.5

To get a better understanding of maternal tobacco use, additional questions are asked to mothers who identified as having smoked within the past two years. Each of the following smoking related questions are summarized into “Yes” or “No” categories. If a mother selected any option other than “I didn’t smoke then”, then the mother was included in the “Yes” category for smoking during the time period of interest.

In the *3 months before* you got pregnant, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more
- ☐ 21 to 40 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ I didn’t smoke then

SMOKED 3 MONTHS BEFORE PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	51,591	73.8	70.7	77.0
Yes	18,292	26.2	23.0	29.3

TOBACCO USE (CONTINUED)

In the *last 3 months* of your pregnancy, how many cigarettes did you smoke on an average day? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more
- ☐ 21 to 40 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ I didn't smoke then

SMOKED LAST 3 MONTHS OF PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	60,495	86.5	84.1	89.0
Yes	9,431	13.5	11.0	15.9

How many cigarettes do you smoke on an average day *now*? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more
- ☐ 21 to 40 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ I don't smoke now

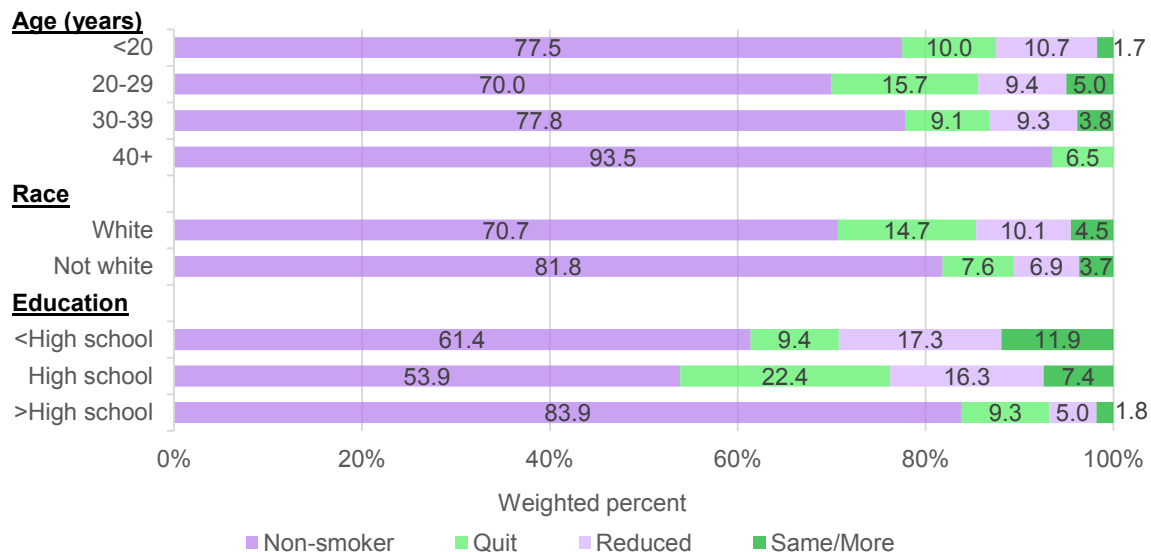
SMOKED AT TIME OF SURVEY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	56,768	81.3	78.5	84.1
Yes	13,051	18.7	15.9	21.5

TOBACCO USE (CONTINUED)

Further analysis was performed to explore how smoking status changed with pregnancy progression. Each mother who identified as having smoked within the last 2 years were placed into the following four categories: “Non-smoker” indicates that the mother did not smoke 3 months before pregnancy or during pregnancy. “Smoker quit” represents mothers who smoked within the 3 months prior to pregnancy, but quit smoking by the last 3 months of the pregnancy. “Smoker reduced” includes mothers who smoked more in the three months before pregnancy than in the last three months of the pregnancy. “Smoker same/more” indicates the mother smoked the same amount or more throughout her pregnancy as she did before her pregnancy.

CHANGE IN TOBACCO USE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Non-smoker	51,591	73.8	70.7	77.0
Smoker quit	8,875	12.7	10.3	15.1
Smoker reduced	6,428	9.2	7.1	11.3
Smoker same / more	2,989	4.3	2.9	5.7

Maternal Smoking Status Change by Maternal Demographics, Missouri
2016



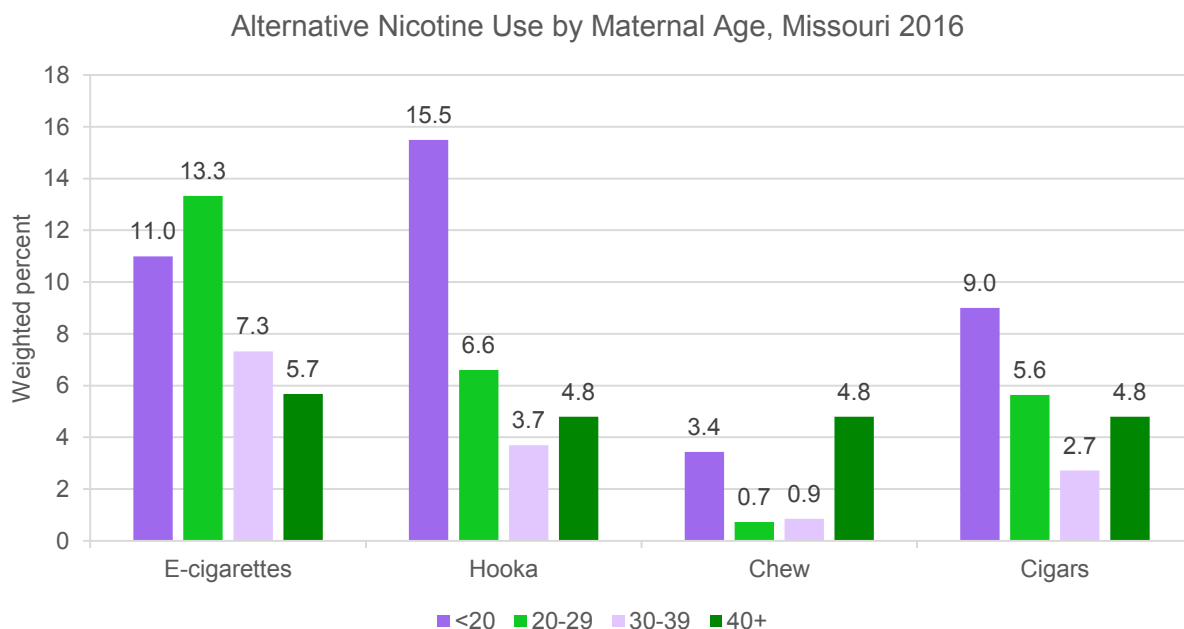
TOBACCO USE (CONTINUED)

Since cigarettes are only one way to consume tobacco, the survey also asks about use of a variety of alternative tobacco products.

Have you used any of the following products in the *past 2 years*? For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. E-cigarettes or other electronic nicotine products.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Hookah.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Chewing tobacco, snuff, snus, or dip.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Cigars, cigarillos, or little filtered cigars.	<input type="checkbox"/>	<input type="checkbox"/>

ALTERNATIVE TOBACCO PRODUCT USED (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
E-cigarettes	7,541	10.8	8.6	13.1
Hookah	4,167	6.0	4.2	7.8
Chewing tobacco	709	1.0	0.3	1.7
Cigars	3,286	4.7	3.2	6.3



TOBACCO USE (CONTINUED)

To further understand maternal e-cigarette use, additional questions are asked to mothers who identified as having used an alternative tobacco product within the past two years. Each of the following e-cigarette related questions are summarized into “Yes” or “No” categories. If a mother selected any option other than “I didn’t use e-cigarettes or other electronic nicotine products then”, then the mother was included in the “Yes” category for using e-cigarettes or other electronic nicotine products during the time period of interest.

During the *3 months before* you got pregnant, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ☐ More than once a day
- ☐ Once a day
- ☐ 2-6 days a week
- ☐ 1 day a week or less
- ☐ I did not use e-cigarettes or other electronic nicotine products then

E-CIGARETTE USE 3 MONTHS BEFORE PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	65,335	94.0	92.3	95.7
Yes	4,181	6.0	4.3	7.7

During the *last 3 months* of your pregnancy, on average, how often did you use e-cigarettes or other electronic nicotine products?

- ☐ More than once a day
- ☐ Once a day
- ☐ 2-6 days a week
- ☐ 1 day a week or less
- ☐ I did not use e-cigarettes or other electronic nicotine products then

E-CIGARETTE USE LAST 3 MONTHS OF PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	67,865	97.7	96.6	98.9
Yes	1,576	2.3	1.1	3.4

ALCOHOL USE

Have you had any alcoholic drinks in the *past 2 years*? A drink is 1 glass of wine, wine cooler, can or bottle of beer, shot of liquor, or mixed drink.

- ☐ No
☐ Yes

ALCOHOL USE IN PAST 2 YEARS	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% HI
No	19,661	28.2	25.0	31.4
Yes	50,136	71.8	68.6	75.0

To get a better understanding of maternal alcohol use, additional questions are asked to mothers who identified as having consumed alcohol within the past two years. Each of the following alcohol related questions are summarized into “Yes” or “No” categories. If a mother selected any option other than “I didn’t drink then”, then the mother was included in the “Yes” category for drinking during the time period of interest.

During the *3 months before* you got pregnant, how many alcoholic drinks did you have in an average week?

- ☐ 14 drinks or more a week
☐ 8 to 13 drinks a week
☐ 4 to 7 drinks a week
☐ 1 to 3 drinks a week
☐ Less than 1 drink a week
☐ I didn’t drink then

ALCOHOL USE 3 MONTHS BEFORE PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	27,603	39.5	36.1	42.9
Yes	42,279	60.5	57.1	63.9

ALCOHOL USE (CONTINUED)

During the *last 3 months* of your pregnancy, how many alcoholic drinks did you have in an average week?

- ☐ 14 drinks or more a week
- ☐ 8 to 13 drinks a week
- ☐ 4 to 7 drinks a week
- ☐ 1 to 3 drinks a week
- ☐ Less than 1 drink a week
- ☐ I didn't drink then

ALCOHOL USE DURING LAST 3 MONTHS OF PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	66,354	94.9	93.4	96.4
Yes	3,545	5.1	3.6	6.6

Further analysis was performed to explore how alcohol use changed with pregnancy progression. Each mother who identified as having consumed alcohol within the last 2 years were placed into the following five categories: “Non-drinker” indicates that the mother was not drinking alcohol 3 months before pregnancy, or during the last 3 months of pregnancy. “Drinker quit” represents mothers who drank within the 3 months prior to pregnancy, but quit drinking by the last 3 months of the pregnancy. “Drinker reduced” categorizes mothers who drank more in the three months before pregnancy than the last three months of the pregnancy. “Drinker same/more” indicates the mother drank the same amount or more throughout her pregnancy. “Non-drinker started” represents a mother that did not drink during the 3 months before becoming pregnant but did consume alcohol during the last 3 months of the pregnancy.

CHANGE IN ALCOHOL USE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Non-drinker	27,488	39.3	35.9	42.8
Drinker quit	38,849	55.6	52.1	59.1
Drinker reduced	1,835	2.6	1.6	3.7
Drinker same / more	1,595	2.3	1.3	3.3
Non-drinker started	115	0.2	0.0	0.5

PHYSICAL ABUSE

In the 12 months before you got pregnant with your new baby, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No** if they did not hurt you during this time or **Yes** if they did.

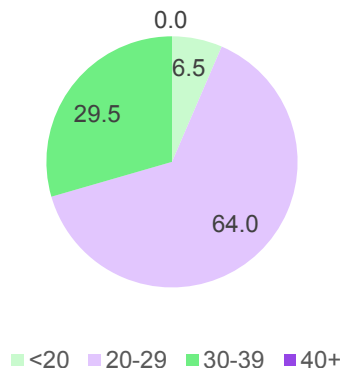
	No	Yes
a. My husband or partner.....	<input type="checkbox"/>	<input type="checkbox"/>
b. My ex-husband or ex-partner.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Another family member.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone else.....	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL ABUSE BEFORE PREGNANCY (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Husband / partner	1,729	2.5	1.3	3.7
Ex-husband / ex-partner	2,041	2.9	1.6	4.2
Another family member	320	0.5	0.0	1.0
Someone else	1,269	1.8	0.8	2.8

Since a mother could be physically abused by more than one individual during the 12 months before her most recent pregnancy, the following table shows the frequency of mothers who reported physical abuse by any of the individuals listed in the question.

PHYSICAL ABUSE BEFORE PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	65,358	93.3	91.3	95.2
Yes	4,722	6.7	4.8	8.7

Physical Abuse Before Pregnancy by Maternal Age, Missouri 2016



PHYSICAL ABUSE (CONTINUED)

In the *your most recent pregnancy*, did any of the following people push, hit, slap, kick, choke, or physically hurt you in any other way? For each person, check **No if they did not hurt you during this time or **Yes** if they did.**

	No	Yes
a. My husband or partner.....	<input type="checkbox"/>	<input type="checkbox"/>
b. My ex-husband or ex-partner.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Another family member.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone else.....	<input type="checkbox"/>	<input type="checkbox"/>

PHYSICAL ABUSE DURING PREGNANCY (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Husband / partner	1,569	2.2	1.1	3.4
Ex-husband / ex-partner	328	0.5	0.0	1.0
Another family member	271	0.4	0.0	0.8
Someone else	786	1.1	0.4	1.8

Since a mother could be physically abused by more than one individual during her most recent pregnancy, the following table shows the frequency of mothers who reported physical abuse by any of the individuals listed in in the question.

PHYSICAL ABUSE DURING PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	67,268	96.1	94.7	97.5
Yes	2,736	3.9	2.5	5.3

An additional analysis was performed to determine the proportion of mothers who were abused before or during pregnancy.

PHYSICAL ABUSE BEFORE OR DURING PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	64,727	92.3	90.3	94.4
Yes	5,353	7.6	5.6	9.7

DRUG USE

During your most recent pregnancy, did you take or use any of the following drugs for any reason? Your answers are strictly confidential. For each item, check **No** if you did not use it or **Yes** if you did.

	No	Yes
a. Over-the-counter pain relievers such as aspirin, Tylenol®, Advil®, or Aleve®.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Prescription pain relievers such as hydrocodone (Vicodin®), oxycodone (Percocet®) or codeine.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Marihuana or hash.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Synthetic marijuana (K2, Spice).....	<input type="checkbox"/>	<input type="checkbox"/>
e. Methadone, naloxone, subutex, or Suboxone®.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Heroin (smack, junk, Black Tar).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Amphetamines (uppers, speed, crystal meth, crank, ice, <i>agua</i>).....	<input type="checkbox"/>	<input type="checkbox"/>
h. Cocaine (crack, rock, coke, blow, snow, <i>nieve</i>).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Tranquilizers (downers, ludes).....	<input type="checkbox"/>	<input type="checkbox"/>
j. Hallucinogens (LSD/acid, PCP/angel dust, Ecstasy, Molly, mushrooms, bath salts).....	<input type="checkbox"/>	<input type="checkbox"/>

DRUG USE DURING PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Over the counter pain relievers	50,018	71.5	68.4	74.7
Prescription pain relievers	6,669	9.6	7.4	11.7
Marijuana	3,942	5.7	3.9	7.4
Synthetic marijuana	51	0.1	0.0	0.2
Methadone	407	0.6	0.0	1.2
Heroin	424	0.6	0.0	1.2
Amphetamines	468	0.7	0.1	1.3
Cocaine	253	0.4	0.0	0.8
Tranquilizers	48	0.1	0.0	0.1
Hallucinogens	135	0.2	0.0	0.5

DRUG USE

Since a mother could use more than one illicit substance during her most recent pregnancy, the following table shows the frequency of mothers who reported any illicit drug use, excluding over-the-counter pain relievers, listed in the question above.

ILLICIT DRUG USE DURING PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	60,387	86.5	84.0	89.0
Yes	9,406	13.5	11.0	16.0

ILLICIT POLYSUBSTANCE USE DURING PREGNANCY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	68,529	97.5	96.3	98.7
Yes	1,782	2.5	1.3	3.7

POSTPARTUM FACTORS



Postpartum events and experiences, which occur shortly after delivery, can have an impact on maternal recovery as well as infant development. One of the most important beneficial postpartum factors is choosing to breastfeed. Breastfeeding is not only important to the mother as it releases hormones that assist in bonding with her new baby, but it also provides important nutrients to the infant. Another key influence on the health of a new baby is how the infant sleeps, as placing an infant on his or her back to sleep has been shown to reduce the risk of infant death from SUID (Sudden unexpected infant death). The following questions pertain to the postpartum period.

“Breastfeeding does not come natural. Expect to hate your baby for a while. Baby is worth it though.”

“I feel there should be more awareness to postpartum depression. There needs to be more information, support and options for women to get help. It took me two months to find the help I needed.”

“Hospitals should give packages to help breastfeeding mothers like they give for formula.”

“Please tell mothers to breastfeed because they want to, not because they have too. Breastfeeding is a challenging task that is good for the baby, but draining to the mother. I stopped breastfeeding because I felt extremely unhappy and I didn't enjoy my time with my baby. After switching to bottle feeding, I can tell the weight lifted off and I enjoy every minute with my little one.”

-- PRAMS Mothers

INFANT HOSPITAL STAY

After your baby was delivered, how long did he or she stay in the hospital?

- ☐ Less than 24 hours (less than 1 day)
- ☐ 24 to 48 hours (1 to 2 days)
- ☐ 3 to 5 days
- ☐ 6 to 14 days
- ☐ More than 14 days
- ☐ My baby was not born in a hospital
- ☐ My baby is still in the hospital

INFANT'S LENGTH OF STAY	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Less than 1 day	1,465	2.1	1.0	3.1
1 to 2 days	40,701	58.0	54.6	61.4
3 to 5 days	20,511	29.2	26.0	32.4
6 to 14 days	3,358	4.8	3.4	6.2
More than 14 days	2,480	3.5	2.8	4.3
Not born in hospital	1,494	2.1	1.1	3.1
Still in hospital	164	0.2	0.1	0.4

INFANT ALIVE AND LIVING WITH MOTHER

Is your baby alive now?

- ☐ No
☐ Yes

INFANT ALIVE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	439	0.6	0.2	1.0
Yes	69,059	99.4	99.0	99.8

Is your baby living with you now?

- ☐ No
☐ Yes

INFANT LIVING WITH MOTHER	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	517	0.7	0.1	1.4
Yes	68,527	99.3	98.6	99.9

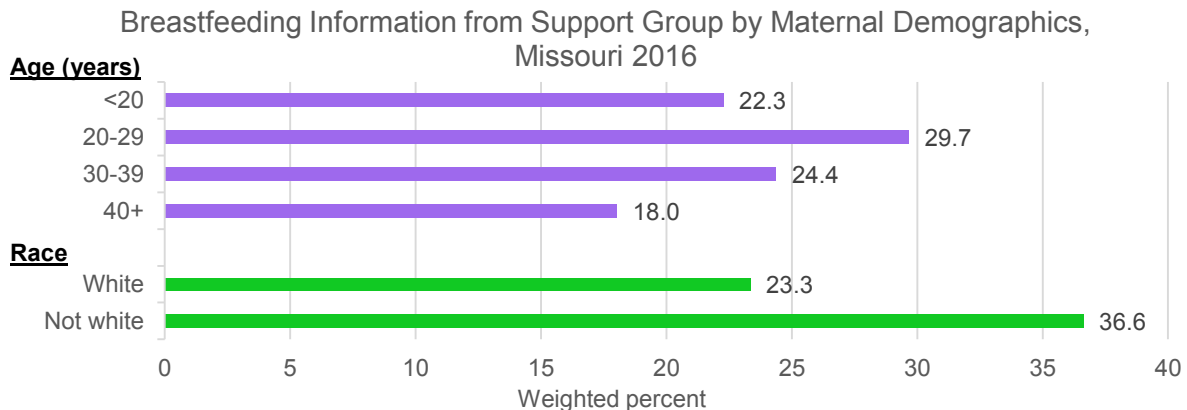
BREASTFEEDING

Before or after your new baby was born, did you receive information about breastfeeding from any of the following sources? For each one, check **No** if you did not receive information from this source or **Yes** if you did.

	No	Yes
a. My doctor.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A nurse, midwife, or doula.....	<input type="checkbox"/>	<input type="checkbox"/>
c. A breastfeeding or lactation specialist...	<input type="checkbox"/>	<input type="checkbox"/>
d. My baby's doctor or health care provider.....	<input type="checkbox"/>	<input type="checkbox"/>
e. A breastfeeding support group.....	<input type="checkbox"/>	<input type="checkbox"/>
f. A breastfeeding hotline or toll-free number.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Family or friends.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Other.....	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us:

BREASTFEEDING INFO SOURCES (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Mother's doctor	53,195	78.1	75.2	81.0
Nurse, midwife, or doula	46,589	69.1	65.8	72.4
Lactation specialist	52,306	77.3	74.3	80.4
Baby's doctor	45,569	67.5	64.2	70.9
Support group	18,075	27.0	23.8	30.2
Hotline	8,215	12.3	9.9	14.7
Family or friends	45,069	67.1	63.7	70.5
Other	8,159	15.5	12.6	18.5

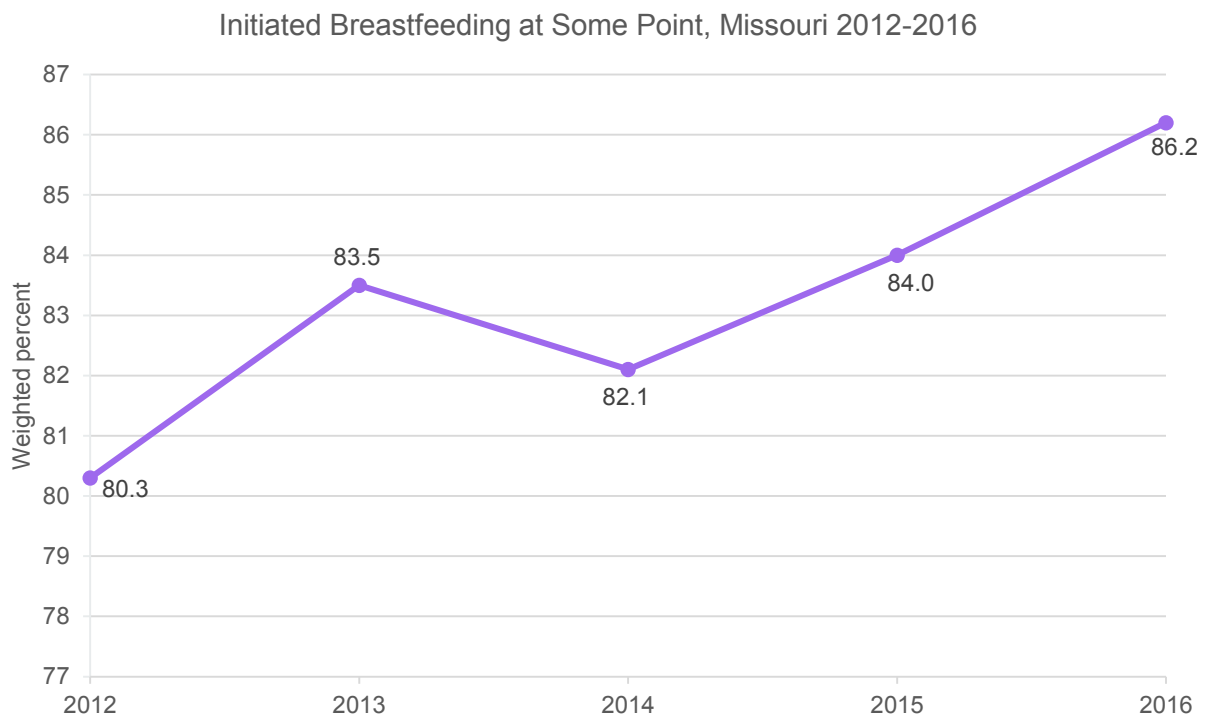


BREASTFEEDING (CONTINUED)

Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?

- ☐ No
☐ Yes

EVER BREASTFED	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	9,445	13.8	11.3	16.3
Yes	59,042	86.2	83.7	88.8



BREASTFEEDING (CONTINUED)

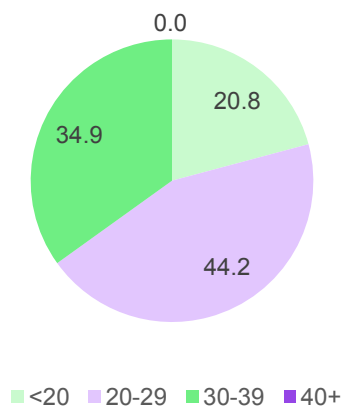
What were your reasons for not breastfeeding your new baby?

Check ALL that apply

- ☐ I was sick or on medicine
- ☐ I had other children to take care of
- ☐ I had too many household duties
- ☐ I didn't like breastfeeding
- ☐ I tried but it was too hard
- ☐ I didn't want to
- ☐ I went back to work
- ☐ I went back to school
- ☐ Other → Please tell us:

REASONS FOR NOT BREASTFEEDING (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Mother sick	1,315	13.0	6.3	19.7
Other child care	2,488	24.6	16.0	33.2
Household duties	1,624	16.1	8.5	23.7
Did not like	3,099	30.6	21.3	40.0
Too hard	1,847	18.3	10.2	26.3
Did not want	5,288	52.3	42.4	62.2
Back to work	1,839	18.2	10.7	25.6
Back to school	566	5.6	1.0	10.2
Other	1,739	17.2	10.2	24.2

Not Breastfeeding Due to It Being Too Hard by Maternal Age, Missouri 2016



BREASTFEEDING (CONTINUED)

Are you currently breastfeeding or feeding pumped milk to your new baby?

- ☐ No
☐ Yes

CURRENTLY BREASTFEEDING	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	24,864	42.2	38.4	46.0
Yes	34,054	57.8	54.0	61.6

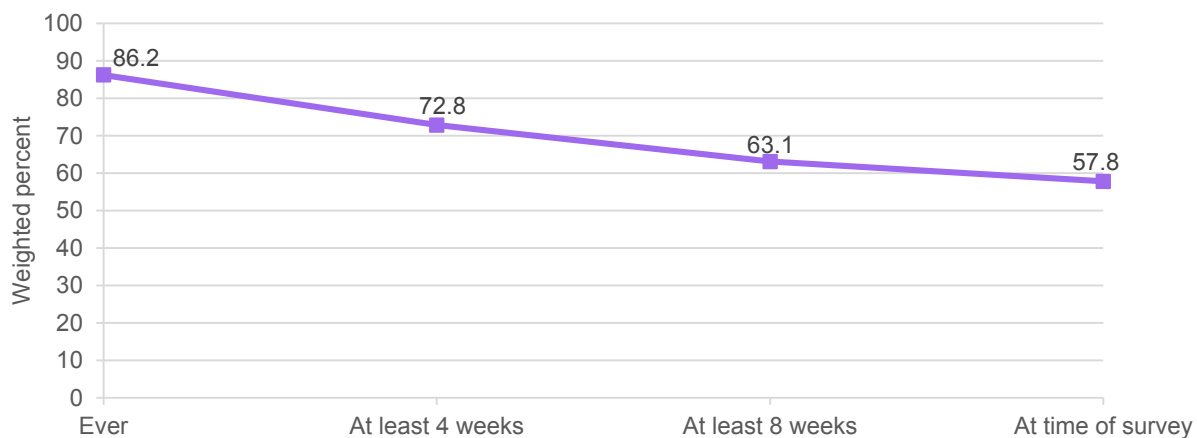
How many weeks or months did you breastfeed or feed pumped milk to your baby?

☐ Less than 1 week

___ Weeks **OR** ___ Months

BREASTFEEDING DURATION	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
At least 4 weeks	49,587	72.8	69.6	76.1
At least 8 weeks	42,946	63.1	59.6	66.5

Breastfeeding Duration, Missouri 2016



BREASTFEEDING (CONTINUED)

What were your reasons for stopping breastfeeding?

Check ALL that apply

- ☐ My baby had difficulty latching or nursing
- ☐ Breastmilk alone did not satisfy my baby
- ☐ I thought my baby was not gaining enough weight
- ☐ My nipples were sore, cracked, or bleeding or it was too painful
- ☐ I thought I was not producing enough milk, or my milk dried up
- ☐ I had too many other household duties
- ☐ I felt it was the right time to stop breastfeeding
- ☐ I got sick or had to stop for medical reasons
- ☐ I went back to work
- ☐ I went back to school
- ☐ My partner did not support breastfeeding
- ☐ My baby was jaundiced (yellowing of the skin or whites of the eyes)
- ☐ Other _____ → Please tell us:

REASONS FOR STOPPING BREASTFEEDING (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Difficulty latching	9,036	35.2	29.6	40.8
Did not satisfy	9,192	36.0	30.3	41.7
Not gaining enough weight	4,482	17.5	12.9	22.1
Sore or painful	7,258	28.3	22.9	33.7
Not enough milk	14,643	57.1	51.2	62.9
Household duties	4,967	19.4	14.5	24.2
Time to stop	3,206	12.5	8.5	16.5
Mother sick	2,544	9.9	6.5	13.4
Back to work	4,707	18.3	13.7	23.0
Back to school	737	2.9	1.0	4.7
Partner didn't support	360	1.4	0.1	2.7
Baby jaundiced	1,469	5.7	3.0	8.4
Other	4,620	18.0	13.5	22.5

BREASTFEEDING (CONTINUED)

This question asks about things that may have happened at the hospital where your new baby was born? For each item, check **No** if it did not happen or **Yes** if it did.

	No	Yes
a. Hospital staff gave me information about breastfeeding.....	<input type="checkbox"/>	<input type="checkbox"/>
b. My baby stayed in the same room with me at the hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
c. I breastfed my baby in the hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Hospital staff helped me learn how to breastfeed.....	<input type="checkbox"/>	<input type="checkbox"/>
e. I breastfed in the first hour after my baby was born.....	<input type="checkbox"/>	<input type="checkbox"/>
f. My baby was placed in skin-to-skin contact within the first hour of life.....	<input type="checkbox"/>	<input type="checkbox"/>
g. My baby was fed only breastmilk at the hospital.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Hospital staff told me to breastfeed whenever my baby wanted.....	<input type="checkbox"/>	<input type="checkbox"/>
i. The hospital gave me a breast pump to use.....	<input type="checkbox"/>	<input type="checkbox"/>
j. The hospital have me a gift pack with formula.....	<input type="checkbox"/>	<input type="checkbox"/>
k. The hospital have me a telephone number to call for help with breastfeeding.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Hospital staff have my baby a pacifier...	<input type="checkbox"/>	<input type="checkbox"/>

BREASTFEEDING PRACTICES (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Staff gave information	55,131	96.4	94.9	97.9
Stayed in same room	51,468	89.9	88.0	91.8
Breastfed in hospital	54,460	95.2	93.5	96.9
Staff helped learn	48,784	85.2	82.5	88.0
Breastfed in first hour	45,935	80.2	77.2	83.1
Skin-to-skin	49,483	86.7	84.3	89.1
Fed only breastmilk	38,034	66.7	63.0	70.3
Breastfed when wanted	49,403	86.6	84.1	89.1
Hospital provided breast pump	23,322	40.7	37.0	44.4
Gift pack with formula	25,979	45.6	41.8	49.4
Hotline	48,227	84.2	81.3	87.1
Pacifier given	35,237	61.5	57.7	65.2

SLEEP PRACTICES

In which *one* position do you *most often* lay your baby down to sleep now?

Check ONE answer

- ☐ On his or her side
- ☐ On his or her back
- ☐ On his or her stomach

SLEEP POSITION	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Side	7,761	11.4	9.1	13.7
Back	53,630	78.9	75.9	81.9
Stomach	4,397	6.5	4.7	8.3

In the *past 2 weeks*, how often has your new baby slept alone in her or her own crib or bed?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

HOW OFTEN BABY SLEEPS ALONE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Always	40,064	58.3	54.8	61.8
Often	12,631	18.4	15.6	21.1
Sometimes	5,475	8.0	6.1	9.9
Rarely	3,774	5.5	3.9	7.1
Never	6,793	9.9	7.7	12.0

The following table shows the frequency of mothers who reported bed sharing. “Yes” indicates a mother who answered “Never”, “Rarely”, or “Sometimes” placing her new baby to sleep alone in their crib or bed.

BED SHARING INDICATOR	WEIGHTED FREQUENCY	WEIGHRED %	LOWER 95% CI	HIGHER 95% CI
No	52,695	76.7	73.6	79.7
Yes	16,042	23.3	20.3	26.4

SLEEP PRACTICES (CONTINUED)

When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?

- ☐ No
☐ Yes

BABY SLEEPS IN SAME ROOM	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	17,518	28.6	25.2	31.9
Yes	43,753	71.4	68.1	74.8

Listed below are some more things about how babies sleep. How did your new baby *usually* sleep in the *past 2 weeks*? For each item, check **No** if your baby did not *usually* sleep like this or **Yes** if he or she did.

	No	Yes
a. In a crib, bassinet, or pack and play.....	<input type="checkbox"/>	<input type="checkbox"/>
b. On a twin or larger mattress or bed.....	<input type="checkbox"/>	<input type="checkbox"/>
c. On a couch, sofa, or armchair.....	<input type="checkbox"/>	<input type="checkbox"/>
d. In an infant car seat or swing.....	<input type="checkbox"/>	<input type="checkbox"/>
e. In a sleeping sack or wearable blanket..	<input type="checkbox"/>	<input type="checkbox"/>
f. With a blanket.....	<input type="checkbox"/>	<input type="checkbox"/>
g. With toys, cushions, or pillows, including nursing pillows.....	<input type="checkbox"/>	<input type="checkbox"/>
h. With crib bumper pads (mesh or non-mesh).....	<input type="checkbox"/>	<input type="checkbox"/>

SLEEP ENVIRONMENT (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Crib	61,046	88.9	86.6	91.1
Mattress	17,320	25.6	22.4	28.7
Couch	6,258	9.2	7.2	11.3
Car seat	33,979	50.2	46.7	53.8
Sleep sack	24,154	35.9	32.5	39.3
With a blanket	36,748	54.4	50.9	58.0
With toys	6,101	9.0	6.9	11.2
With crib bumper pads	10,912	16.2	13.5	18.8

SLEEP PRACTICES (CONTINUED)

Did a doctor, nurse, or other health care worker tell you any of the following things?
For each item, check **No** if they did not tell you or **Yes** if they did.

	No	Yes
a. Place my baby on his or her back to sleep.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Place my baby to sleep in a crib, bassinet, or pack and play.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Place my baby's crib or bed in my room.....	<input type="checkbox"/>	<input type="checkbox"/>
d. What things should and should not go in bed with my baby.....	<input type="checkbox"/>	<input type="checkbox"/>

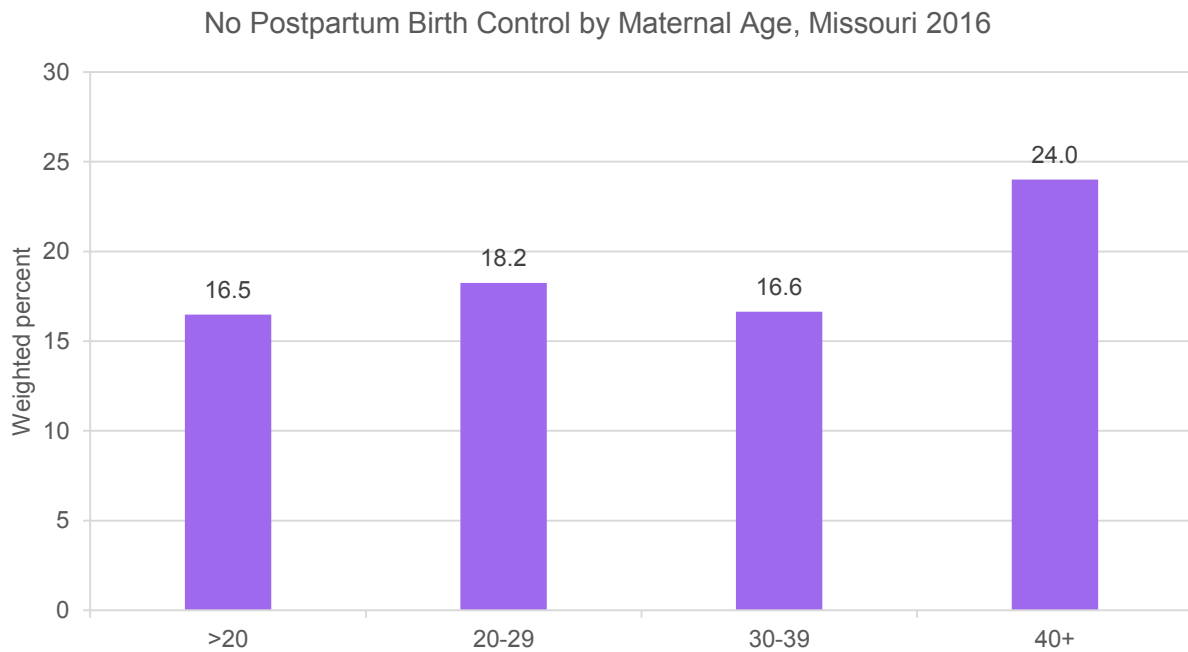
SLEEPING TOPICS (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Place baby on back	63,683	93.3	91.4	95.2
Place baby in crib	58,572	85.6	83.0	88.1
Place crib in mom's room	29,554	43.4	39.8	46.9
What should go with baby	59,118	86.6	84.2	89.0

POSTPARTUM CONTRACEPTION

Are you or your husband or partner doing anything *now* to keep from getting pregnant?
Some things people do to keep from getting pregnant include having their tubes tied, using birth control pills, condoms, withdrawal, or natural family planning.

- ☐ No
☐ Yes

CURRENT BIRTH CONTROL USE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	12,334	17.7	15.0	20.4
Yes	57,422	82.3	79.6	85.0



POSTPARTUM CONTRACEPTION (CONTINUED)

What are your reasons or your husband's or partner's reasons for not doing anything to keep from getting pregnant *now*?

Check ALL that apply

- ☐ I want to get pregnant
- ☐ I am pregnant now
- ☐ I had my tubes tied or blocked
- ☐ I don't want to use birth control
- ☐ I am worried about side effects from birth control
- ☐ I am not having sex
- ☐ My husband or partner doesn't want to use anything
- ☐ I have problems paying for birth control
- ☐ Other → Please tell us:

REASONS FOR NO BIRTH CONTROL (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Want to get pregnant	2,937	23.1	16.4	29.8
Pregnant now	229	1.8	0.0	3.8
Tubes tied	586	4.6	0.5	8.7
Didn't want to use	4,567	36.0	28.1	43.8
Side effects	2,814	22.2	15.6	28.8
Not having sex	2,947	23.2	15.9	30.5
Partner doesn't want	1,678	13.2	7.7	18.8
Cost	796	6.3	2.3	10.2
Other	2,341	18.4	12.3	24.5

POSTPARTUM CONTRACEPTION (CONTINUED)

What kind of birth control are you or your husband or partner using *now* to keep from getting pregnant?

Check ALL that apply

- ☐ Tubes tied or blocked (female sterilization or Essure®)
- ☐ Vasectomy (male sterilization)
- ☐ Birth control pills
- ☐ Condoms
- ☐ Shots or injections (Depo-Provera®)
- ☐ Contraceptive patch (OrthoEvra®) or vaginal ring (NuvaRing®)
- ☐ IUD (including Mirena®, ParaGard®, Liletta® or Skyla®)
- ☐ Contraceptive implant in the arm (Nexplanon® or Implanon®)
- ☐ Natural family planning (including rhythm method)
- ☐ Withdrawal (pulling out)
- ☐ Not having sex (abstinence)
- ☐ Other → Please tell us: _____

CURRENT BIRTH CONTROL METHOD (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Tubes tied	5,272	9.1	6.9	11.4
Vasectomy	2,722	4.7	3.2	6.3
Pills	15,234	26.4	23.0	29.7
Condoms	18,533	32.1	28.4	35.7
Injection	5,372	9.3	6.9	11.7
Patch or ring	1,266	2.2	0.9	3.4
IUD	7,126	12.3	9.8	14.8
Implant	2,580	4.5	2.8	6.2
Natural family planning	3,942	6.8	5.0	8.7
Withdrawal	11,546	20.0	16.9	23.1
Abstinence	5,718	9.9	7.6	12.2
Other	1,470	2.5	1.3	3.7

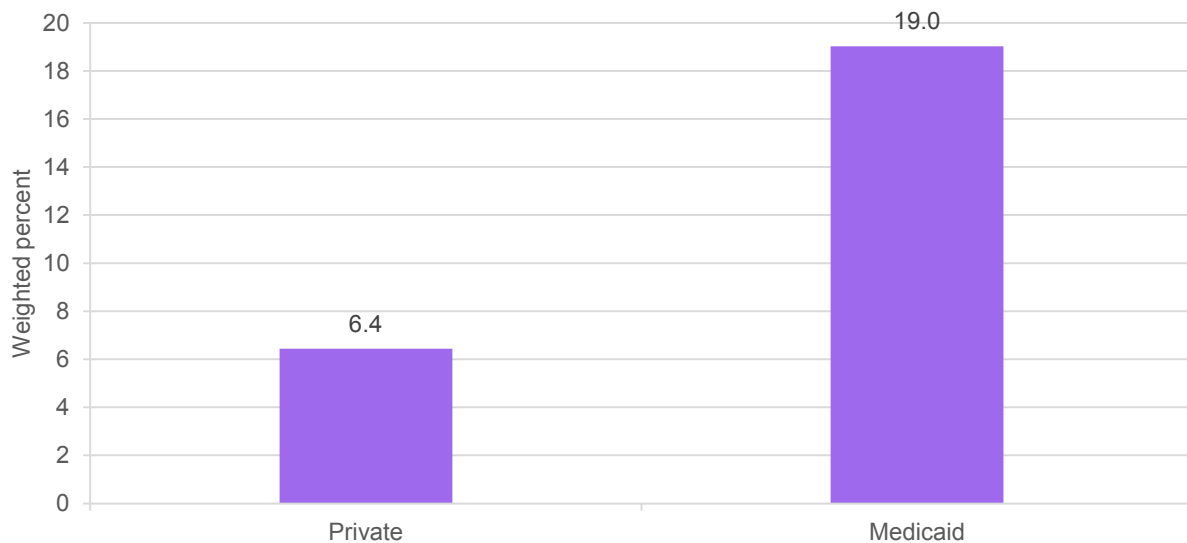
POSTPARTUM CARE

Since your new baby was born, have you had a postpartum checkup for yourself? A postpartum checkup is the regular checkup a woman has about 4-6 weeks after she gives birth.

- ☐ No
☐ Yes

POSTPARTUM CHECKUP	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	8,305	11.9	9.5	14.3
Yes	61,558	88.1	85.7	90.5

No Postpartum Checkup by Maternal Postpartum Insurance Status,
Missouri 2016



POSTPARTUM CARE (CONTINUED)

During your postpartum checkup, did a doctor, nurse, or other health care worker do any of the following things? For each item, check **No** if they did not do it or **Yes** if they did.

	No	Yes
a. Tell me to take a vitamin with folic acid.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk to me about healthy eating, exercise, and losing weight gained during pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk to me about how long to wait before getting pregnant again.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to me about birth control methods I can use after giving birth.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Give or prescribe me a contraceptive method such as the pill, patch, shot (Depo-Provera®), NuvaRing®, or condoms.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Insert an IUD (Mirena®, ParaGard®, Liletta®, or Skyla®) or a contraceptive implant (Nexplanon® or Implanon®).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Ask me if I was smoking cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Ask me if someone was hurting me emotionally or physically.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Ask me if I was feeling down or depressed.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Test me for diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>

POSTPARTUM CHECKUP TOPICS (% YES)	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Take vitamin / folic acid	32,944	53.6	49.9	57.3
Healthy eating	31,262	51.0	47.4	54.7
How long to wait for pregnancy	26,291	43.1	39.4	46.8
Postpartum birth control	55,797	90.6	88.5	92.7
Prescribe birth control	30,332	49.7	46.0	53.4
Insert IUD	11,677	19.1	16.1	22.2
Ask if smoking	33,893	55.2	51.5	58.9
Ask if abused	28,650	46.7	43.0	50.4
Ask if depressed	48,132	78.4	75.4	81.4
Test for diabetes	9,941	16.2	13.3	19.0

POSTPARTUM DEPRESSION

Since your new baby was born, how often have you felt down, depressed, or hopeless?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

FELT DOWN, DEPRESSED, HOPELESS	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Always / often	5,469	7.8	5.9	9.8
Sometimes	16,019	23.0	20.0	25.9
Rarely / never	48,223	69.2	65.9	72.4

Since your new baby was born, how often have you had little interest or little pleasure in doing things you usually enjoyed?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

LITTLE INTEREST OR PLEASURE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Always / often	6,857	9.8	7.7	12.0
Sometimes	15,497	22.2	19.2	25.2
Rarely / never	47,408	68.0	64.6	71.3

The following table shows the frequency of mothers who reported experiencing postpartum depression. “Yes” indicates a mother who answered “Always” or “Often” to either of the postpartum depression questions.

DEPRESSION INDICATOR	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
No	59,912	86.0	83.5	88.4
Yes	9,774	14.0	11.6	16.5

SEAT BELT USE

During the *last 3 months* of your most recent pregnancy, how often did you wear a seat belt when you drove or rode in a car?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

SEAT BELT USE	WEIGHTED FREQUENCY	WEIGHTED %	LOWER 95% CI	HIGHER 95% CI
Always / often	61,083	87.6	85.1	90.0
Sometimes	4,018	5.8	4.1	7.5
Rarely / never	4,661	6.7	4.8	8.5

Rarely / Never Wore a Seatbelt by Maternal Age, Missouri 2016

